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SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

REPORT DOCUMENTATION PAGE

READ INSTRUCTIONS BEFORE COMPLETING FORM

1. REPORT NUMBER: AFIT/CI/NR 88- 95	2. GOVT ACCESSION NO.
3. RECIPIENT'S CATALOG NUMBER	
TITLE (and Subtitle): MOTIVATION: A SEMINAR TO ASSIST CHARGE NURSES IN UNDERSTANDING MOTIVATION AND WORKER BEHAVIOR	5. TYPE OF REPORT & PERIOD COVERED: MS THESIS
	6. PERFORMING ORG. REPORT NUMBER
7. AUTHOR(s): THERESA M. BOSTWICK	8. CONTRACT OR GRANT NUMBER(s)
9. PERFORMING ORGANIZATION NAME AND ADDRESS: AFIT STUDENT AT: UNIVERSITY OF UTAH	10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS
11. CONTROLLING OFFICE NAME AND ADDRESS	12. REPORT DATE: 1988
	13. NUMBER OF PAGES: 227
14. MONITORING AGENCY NAME & ADDRESS(if different from Controlling Office): AFIT/NR, Wright-Patterson AFB OH 45433-6583	15. SECURITY CLASS. (of this report): UNCLASSIFIED
	15a. DECLASSIFICATION/DOWNGRADING SCHEDULE

16. DISTRIBUTION STATEMENT (of this Report)

DISTRIBUTED UNLIMITED: APPROVED FOR PUBLIC RELEASE

17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)

SAME AS REPORT

18. SUPPLEMENTARY NOTES

Approved for Public Release: IAW AFR 190-1
LYNN E. WOLAVER 20 July 88
Dean for Research and Professional Development
Air Force Institute of Technology
Wright-Patterson AFB OH 45433-6583

19. KEY WORDS (Continue on reverse side if necessary and identify by block number)

20. ABSTRACT (Continue on reverse side if necessary and identify by block number)

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INTRODUCTION

Research in motivation is different than research in areas of the physical sciences. It involves discovery of what is in peoples' minds; thoughts, feelings, and values will influence a person's motivation.

Much of the current research on motivation attempts to test well known theories such as Maslow's hierarchy of needs or Herzberg's two factor theory. Many studies are done in industrial organizations or organizations outside of the health care field (Chusmir and Hood, 1986; Baumeister and Tice, 1985; McClelland and Burnham, 1976; Chusmir, 1986). Few studies dealing exclusively with motivation have been done in health care settings (Mattaz, 1985; Nnadozie and Eldar, 1985; Seybolt, Pavett, and Walker, 1978). The environment outside of health care may be more conducive to motivation research than the complex, changing environment within the hospital.

Many research studies done within hospital settings deal with retention issues (Hughes, 1979; Link and Settle, 1980; Common Factors, 1983; Seybolt, 1983, 1986). There are also many studies done in health care settings concerning job satisfaction (Nahm, 1940; Pickens and Tayback, 1957; Godfrey, 1975; Munro, 1982,1983; Benton and White, 1972, Kovner and Oliver, 1978; Burton and Burton, 1982)

Research in military health care settings has dealt mainly with satisfaction. Nichols (1974) researched U.S. Army nurses to discover important, satisfying and dissatisfying aspects of

Motivation : A seminar to assist charge nurses in understanding motivation and worker behavior

by

Theresa M. Bostwick

A thesis option project submitted to the faculty of the University of Utah in partial fulfillment for the degree of

Master of Science in Nursing

Department of Nursing

University of Utah

May 1988

Acknowledgements

To my husband Dean, for always being there when I needed you. For listening and caring and especially for helping me on the computer. Without you I couldn't have done it. I love you.

To my son Bryan, for being such an extra special little boy and adding sparkle to my days. I love you.

To Dr. Jean Miller, Dr. Verla Collins, and Dr. Arnold Rothermich - for all your help, support, and guidance. You are all excellent role models and you helped me to become motivated in my work.

Section #1 - outline, introduction, lecture material

Motivation Seminar

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  2. Alderfer's ERG theory
  3. McClelland's acquired needs theory - lecture and group exercise.
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X. Teams and team building
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INTRODUCTION

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nurses' jobs. Nichols (1971) also researched job satisfaction and nurses' intentions to remain or leave an organization. Campbell (1985) surveyed U.S. Air Force nurses for a study on job satisfaction. In general, these nurses were highly satisfied. Nichols (1987) researched turnover among Air Force nurses. He found that if an individual was satisfied with the job, they were not apt to leave the organization. Nichols (1987) concluded that equity and consistency in organizational policies, perceived equity of rewards, and the motivating potential of the job all had an impact on satisfaction.

Most of these research studies lean toward the area of satisfaction and performance. However, there is a difference between motivation and satisfaction and performance. Motivation may be described as the energy within a person that accounts for the level, direction, and persistence of effort expended by that person in her job (Schermerhorn, Hunt, and Osborn, 1982). A person may be capable of expending considerable effort in their work, yet choose not to. Workers may possess the needed skills, talents, and energy to perform well, but their willingness to do the job is their own decision. Research has shown us that there are ties between satisfaction and motivation that are important. Charge nurses and supervisors are held accountable for their subordinates' work and depend on them to accomplish their tasks, so it is important for them to understand motivation and how they can enhance it.

Research has shown that it is difficult to pinpoint exactly

what motivates a person to perform well. It is generally accepted that all individuals are unique and what motivates one person may not motivate the next. Some theories of motivation suggest that a desire to fulfill needs will motivate a person (Maslow, 1954; Herzberg, 1959, 1966, 1968). Other theories suggest that equity (Adams, 1963) or expectant rewards influence motivation (Vroom,1964).

The factors discussed in these theories are influenced by many variables both inside and outside the working environment. Charge nurses and supervisors may have the power and authority to alter the worker's environment to enhance motivation. I will be presenting several theories of motivation to assist nurses in understanding why workers perform as they do and how they can help to influence their behavior.

Styles of leadership and individual beliefs about leadership can provide positive or negative effects toward motivation. It is for this reason that I have included leadership theories in this seminar. Charge nurses will have the opportunity to learn about different styles of leadership and how they relate to motivation.

Once nurses learn about basic theories and styles they will be prepared to evaluate their own styles, beliefs, and behaviors. There will be eight individual presentations on the following items : Building self esteem in your workers, setting goals, feedback, effective communication, resisting change, extrinsic and intrinsic rewards, and team building. Each of these

presentations will include lecture material followed by group or individual exercises, to enhance learning. The conclusion will bring together material learned throughout the seminar and allow participants an opportunity to evaluate the seminar as a whole.

Motivation theories

There are two major categories of motivation theories important in understanding motivation. The first is need theories or, content theories. Content theories involve the identification of individual's needs and motives in order to achieve motivation. The second category of motivation theories is process theories. These theories try to understand the cognitive processes, or what is going on in the minds of people, that influence their behavior.

Need (content)theories

There are four major content theories I'd like to discuss with you today : Maslow's hierarchy of needs, Alderfer's ERG theory, McClelland's acquired needs theory, and Herzberg's two factor theory. Herzberg's theory is often associated with job satisfaction, but many concepts within his theory relate to needs and this is why it is included under this section.

1. Maslow's hierarchy of needs

According to Abraham Maslow, human needs can be classified into five levels that form a hierarchy. The five need categories are : Physiological, safety, belongingness and love, esteem, and self actualization.

Physiological needs - includes such items as food, water, air, heat, adequate working conditions, acceptable salary, etc.

Safety needs - includes such items as the need for security, absence from pain, safe working conditions, job stability, etc.

Belongingness and love needs - includes the need for affection, love, feeling a part of the team, having friendships at work,etc.

Esteem needs - includes feelings of achievement, recognition, respect from others, responsibility, feeling your job is important, etc.

Self actualization needs - includes feelings of self fulfillment, realizing your potential, achievement in your work and life, etc.

Physiologic, safety, and belongingness would be classified as lower order needs, while esteem and self actualization would be classified as higher order needs.

According to Maslow's theory, people act to satisfy deprived needs. Motivation occurs when they attempt to satisfy these needs. Meeting a need at one level causes an increase in the importance of needs at the next highest level. People attempt to satisfy needs first at the lowest level and move up the hierarchy. Maslow doesn't state that the hierarchy of needs is the same for all people, it is not rigid and fixed. He does believe, however, that lower level needs are the most important, while higher order needs are the least (Schermerhorn,Hunt, and Osborn, 1982).

The following are some examples of how Maslow's theory may be applied :

1. A worker may not be proud when given recognition for a job well done if he is concerned about his own personal safety on the job. Safety needs will take priority over esteem needs in this case.

2. Respect from a supervisor may mean nothing to a nurse who isn't accepted by her own working group. Belongingness needs take precedence over esteem needs in this case.

Research has shown that there is a tendency for higher order needs to become more important than lower level needs as people move up in management (Porter, 1963). There is also some evidence that needs may vary during a person's career (Hall and Nougaim, 1968) and according to the size of the organization (Porter, 1963).

2. Alderfer's ERG theory

Alderfer's ERG theory is a modification of Maslow's theory. The letters ERG stand for existence, relatedness, and growth. There are three basic differences between Alderfer's and Maslow's theories :

1. Instead of using five need categories, Alderfer has reduced the categories to three :

a. Existence needs - these relate to needs for physiological and material well being.

b. Relatedness needs - these are needs to satisfy interpersonal relationships.

c. Growth needs - this is the need for personal growth and development.

2. According to Alderfer's ERG theory, lower level needs can be activated when higher level needs can't be satisfied. This is different from Maslow since people progress up the hierarchy as needs are met. Using Alderfer's theory you may revert back to relatedness needs if your growth needs can't be met.

3. Maslow concentrates on one need at a time, where Alderfer feels that more than one need may be activated at the same time.

Many managers feel that ERG theory is more flexible and useful in understanding human needs.

3. McClelland's Acquired Needs theory

McClelland's theory dates back to the 1940s when experimentation using the Thematic Apperception Test (TAT) started. The TAT involves showing participants pictures, which they in turn write a story about. These stories are then analyzed to determine what is really on people's minds, that they may not be consciously reporting. McClelland analyzes these stories using three themes :

1. The first theme is the need for achievement (nAch). This is the desire to do something better, to exceed a standard of behavior, wanting to go above and beyond previous achievements. It is often characterized by a desire to be successful in competitive situations.

2. The second need is for Affiliation (nAff). This can be described as the desire to have close ties to other people and to maintain friendly relationships with others.

3. The third need is a need for Power (nPower). This is a desire to influence others, to have control over others and situations.

McClelland believes that these three needs are acquired as a result of your life experiences and happen over time. People are motivated by trying to meet these needs.

McClelland's theory complements those of Maslow and Alderfer. His theory offers you another way of looking at people's behavior, to help you create an environment that will meet their needs. Since his theory is one of acquired needs, you may be able to help people succeed in their work by familiarizing them to needs that have to be met in certain jobs. For example, McClelland has found that successful managers have a moderate to high need for power and a lower need for affiliation. This allows them to have an impact on people and to also make difficult decisions without worrying about being disliked, since their affiliation need is low (McClelland and Burnham,1976 ; McClelland and Boyatzis, 1982).

Characteristics of people with a high need for achievement:

McClelland reported an association between the need for achievement and entrepreneurship. The achievement motive could

be responsible for entrepreneurial success. Research has shown that those with a high need for achievement prefer to be held responsible for their performance and prefer working in situations where they get feedback on how well they are doing. These people are more inclined to seek out information to find a better way to do things (McClelland, 1985).

Characteristics of people with a strong need for affiliation:

People with a strong affiliation need perform better on tasks if the incentive in the situation is shifted from achievement to affiliation. For this person you may want to stress teamwork instead of competition or being the best. People are very important to those with a high need for affiliation. They would rather have feedback on how well their working group is getting along together, than how well they are performing at their task (French, 1958). Many studies show that people with a high need for affiliation try to avoid conflict whenever possible (Exline, 1962; Byrne, 1962; Hermann, 1980). McClelland (1985) found that men with a high need for affiliation tend not to succeed in management. It has been suggested that these men spend a lot of time with subordinates, trying to maintain good relationships with them, but that these relationships may suffer when difficult decisions have to be made. In a study done at AT&T, it was found that men with a high need for affiliation were

not promoted as often to higher levels of management (McClelland and Boyatzis, 1982).

Characteristics of people with a strong need for Power:

Several studies have shown that men with a strong need for power are more competitive and aggressive than others (Winter, 1973; McClelland, 1975). However, this is not true for women. McClelland suggests that values, habits, and skills may determine whether the power motive will lead to assertiveness. In the past, assertiveness was valued for men, but not for women. Winter (1973) found that those with a high need for power used symbols of power, called prestige possessions, to appear powerful in a socially acceptable way. In his work at various universities, he found that those with a high need for power collected prestige possessions such as cars, college banners, electric typewriters, etc. To apply this in the Air Force today you might see similar prestige possessions such as cars and credit cards. You might also see such possessions as expensive camera equipment or stereo equipment being purchased by nursing staff or technicians. Another characteristic of people with a high need for power is to act in a group so as to call attention to themselves (McClelland, 1985).

4. Herzberg's two factor theory

Frederick Herzberg's theory evolved from responses he received from workers when he asked them two questions :

1. "Tell me about a time when you felt exceptionally good about your job".

2. "Tell me about a time when you felt exceptionally bad about your job".

In analyzing responses to these questions, Herzberg and his fellow researchers found that people identified different things as sources of dissatisfaction or satisfaction in their work. Those items found to be sources of job dissatisfaction were labelled hygiene factors, those that improved satisfaction were labelled satisfiers.

Hygiene factors appeared to be related to the work setting. The following are hygiene factors found as sources of dissatisfaction in Herzberg's research : security, status, relationship with subordinates, personal life, relationship with peers, salary, work conditions, relationship with supervisor, supervision, and company policy and administration.

According to Herzberg's theory, job dissatisfaction and job satisfaction are two separate dimensions. Hygiene factors only cause job dissatisfaction. Improvement in these factors cannot lead to job satisfaction, it merely decreases the level of dissatisfaction. In order to improve satisfaction, charge nurses need to focus on satisfiers. Satisfiers found in Herzberg's research are : growth, advancement, responsibility, work itself, recognition, and achievement. These relate to the content of the

job rather then the working environment. Herzberg feels that managers can create opportunities for their workers to experience these satisfiers. Without these satisfiers, Herzberg feels that workers won't perform at their best, nor will they be satisfied with their job. The charge nurse's goal should be to minimize job dissatisfaction while maximizing job satisfaction. Because these are two separate entities, the charge nurse needs to look at them individually, concentrating on both hygiene factors and satisfiers.

Herzberg's two factor theory raises questions to many managerial practices. Often, managers do many things to improve workers' performance, such as buying new furniture or equipment for their use. After doing these things they are dismayed that their workers' performance hasn't improved. Herzberg would argue that improving hygiene factors, such as furniture, won't improve performance. Using his theory, the manager would increase job satisfaction and motivation by focusing on satisfiers, such as giving workers increased responsibility.

Process theories

The next two theories fall under the category of process theories. The process theories are concerned with work efforts and performance. Two process theories of importance are equity theory and expectancy theory.

1. Equity theory (Adams, J.S. 1963. Toward an Understanding of Inequity. Journal of Abnormal and Social Psychology,63, 422-436).

Equity theory came about from studies in the social sciences, largely from the work of J. Stacey Adams. He believes that people compare their work inputs and outcomes with others' in the work environment. Inputs are those things the person invests in his work such as effort, time, money, education, etc. Outcomes are the rewards he receives for his input, such as recognition, money, increased responsibility, etc. According to Adams, the inputs and outcomes are weighed by their importance and, unequal ratios will lead to a feeling of inequity, which the person will try to reduce. Inequities exist whenever a person feels that the rewards he receives for his inputs are unequal to the rewards others receive for their inputs.

A negative inequity occurs when a person feels he is receiving less than others who are doing the same amount of work. A positive inequity occurs when a person feels he is receiving more than others. Both of these are motivating states that move a person to reduce the inequity. There are several ways a worker may reduce the tension from inequities:

1. Withdraw from the situation (Quit the job, resign)
2. Change the comparison person (Compare himself with a different worker)
3. Distort one's own or the other's inputs and/or outcomes (Psychologically using rationalization)

4. Change work inputs (Increase or decrease efforts)

5. Change outcomes (Ask for increased responsibility, a raise, or recognition)

Research has found that those who feel they are overpaid for their efforts tend to increase the quantity or quality of their work. Those that are underpaid will do the opposite (Lawler, 1968; Pritchard, 1969; Goodman and Friedman, 1971; Pritchard, Dunnette and Jorgenson, 1972).

Charge nurses must make sure that rewards are equitable to avoid negative behavior that results from felt inequity. Since pay as a reward is not a factor charge nurses can readily change, they need to consider other rewards. Realizing that staff members will make comparisons and anticipating felt inequities may prevent problems from occurring. They need to remember that feelings of inequity will be based on workers' perceptions of the situation and not all workers will view things in the same light.

2. Expectancy theory (Vroom,V.H. 1964. Work and Motivation. New York: John Wiley & Sons, Inc.).

Victor Vroom's expectancy theory attempts to determine what causes an individual to exert personal effort at work. He attempts to discover when and under what conditions people put forth maximum effort to support the organization's goals. There are three concepts in Vroom's theory that are important to understand :

1. Expectancy - the probability that work effort will lead to different levels of performance
2. Instrumentality - the probability that a given level of task performance will lead to various outcomes
3. Valence - the value the worker will attach to these outcomes

Vroom feels that motivation is the result of expectancy times instrumentality times valence. If one of these factors is low, it will lower the overall motivation of a person. For example, a person may not have the confidence to perform a task and thus their expectancy will be low, which in turn may lower their overall motivation. Another example is the worker who doesn't value the reward he would receive from high performance and thus doesn't perform up to expectation.

Expectancy theory takes into account multiple work outcomes and their effect on motivation. Outcomes may range from pay increases to letters of appreciation to resentment of coworkers and counseling by supervisors. An outcome such as an appreciation letter from your commander may be offset by another outcome such as ostracism by your peer group. The individual nurse will decide whether these outcomes are worth the effort she puts into her work.

When trying to decide what will motivate their workers, charge nurses need to consider all factors within the theory. They need to consider individual values, abilities, and perceptions in order to offer an environment conducive to motivation. Not only does the charge nurse need to create an

environment where worker contributions will help meet organizational objectives, but she also needs to offer workers a chance to fulfill their desires.

Section #2 - Sample format for transparencies

Need (Content) theories

1. Maslow's hierarchy of needs
2. Alderfer's ERG theory
3. McClelland's acquired needs theory
4. Herzberg's two factor theory

Process theories

1. Equity theory
2. Expectancy theory

Maslow's Hierarchy of Needs

Self Actualization

Esteem

Belongingness & Love

Safety

Physiological

Categories of Needs

1. **Physiological needs** - Water, food, air, heat, working conditions, acceptable salary, etc.

2. **Safety needs** - Security, abscence of pain, safe working conditions, job stability, etc.

3. **Belongingness & Love needs** - Need for affection, love, feeling a part of the team, having friendships at work, etc.

4. **Esteem needs** - Feelings of achievement, recognition, respect from others, responsibility, feeling your job is important, etc.

5. **Self Actualization needs** - Feelings of self fulfillment, realizing your potential, achievement in your work, etc.

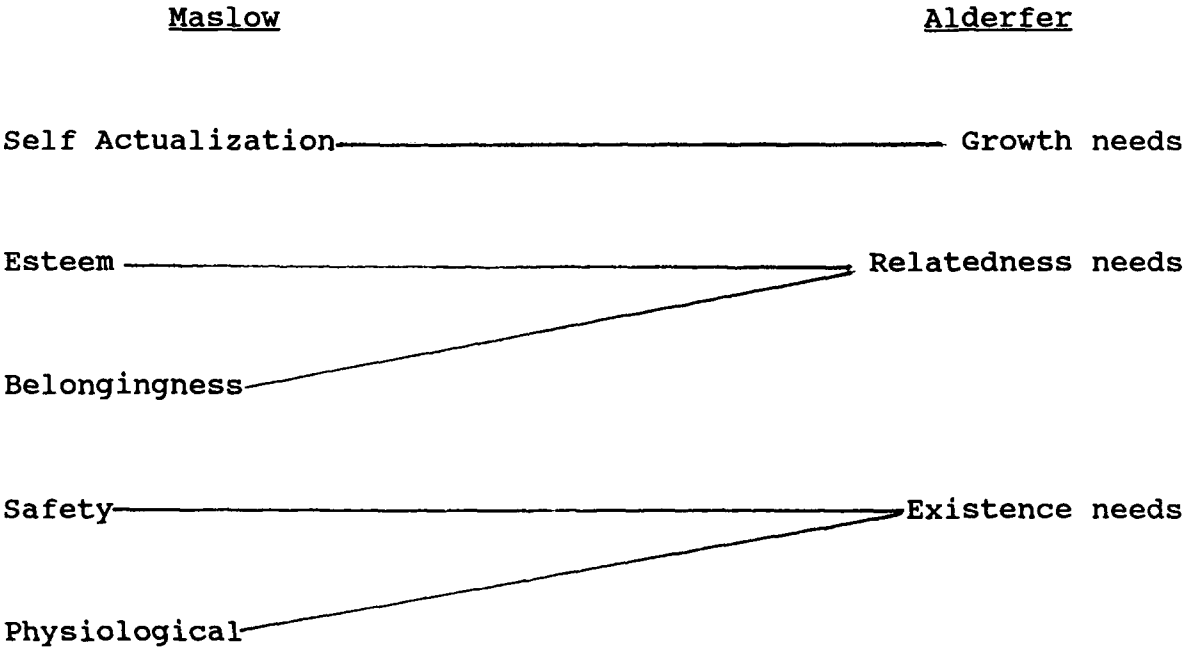
Three basic differences between Alderfer and Maslow

1. Alderfer reduces his categories to three needs :
   a. Existence needs - need for physiological and material wellbeing.
   b. Relatedness needs - need to satisfy interpersonal relationships.
   c. Growth needs - need for personal growth and development.

2. Alderfer - believes lower level needs can be activated when higher level needs can't be satisfied.
   Maslow - believes that people progress upward from lower level needs. When lower level needs are met, then you move up to higher level needs. There is no regression back as long as lower level needs are being satisfied.

3. Alderfer - Believes that more than one need may be activated at the same time.
   Maslow - Concentrates on one need at a time.

Comparison of Maslow's theory to Alderfer's



Work Preferences of people high in need for achievement, affiliation, and power.

Individual need	Work Preferences	Example
High need for achievement	Challenging, yet achievable goals.Feedback on performance. Individual responsibility.	Assigned complicated patients or ones that others can't handle.
High need for affiliation	Interpersonal relationships. Opportunities to communicate.	Preceptor for nurse interns.Involved in support groups on the unit.
High need for power	Control over others. Attention, recognition.	Appointed as chairman of a committee. Position of authority on the unit.

HYGIENE FACTORS	SATISFIERS
Security	Growth
Status	Advancement
Relationship with subordinates	Responsibility
Personal life	Work itself
Relationship with peers	Recognition
Salary	Achievement
Work conditions	
Relationship with supervisor	
Supervision	
Company policy and administration	

HYGIENE FACTORS——————————————————DISSATISFACTION

SATISFIERS——————————————————SATISFACTION

EQUITY THEORY

Person's perception of their inputs outcomes	compared to	other's inputs outcomes

REDUCING TENSION FROM INEQUITIES

1. Withdraw from the situation (Quit, resign, leave the Air Force).

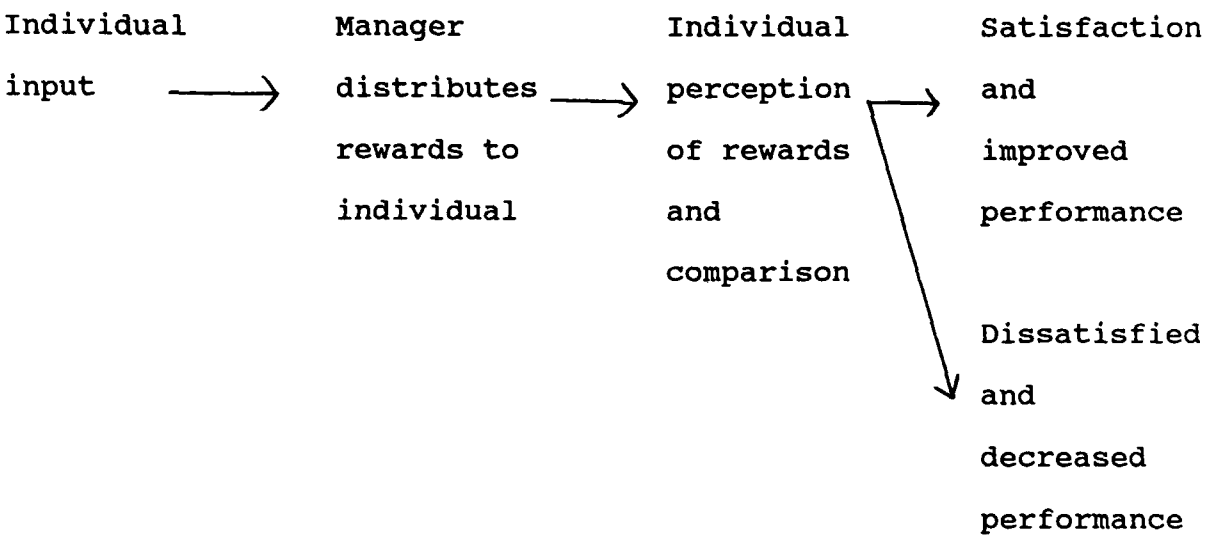
2. Change the comparison person (Compare yourself with a different coworker).

3. Distort one's own or the other's inputs and/or outputs (Psychologically use rationalilzation).

4. Change work inputs (Increase or decrease efforts).

5. Change outcomes (Ask for increased responsibility, recognition).

MANAGERS' ROLE IN EQUITY THEORY



VROOM'S EXPECTANCY THEORY

EXPECTANCY - The probability that work effort will lead to different levels of performance.

INSTRUMENTALITY - The probability that a given level of performance will lead to various outcomes.

VALENCE - The value the worker will attach to these outcomes.

MANAGERIAL IMPLICATIONS OF EXPECTANCY THEORY

Expectancy Term	Question	Mgr. Implications
Expectancy	Can I achieve he desired level of task performance?	Select workers with ability, support ability, clarify goals.Train workers.
Instrumentality	What work outcomes will be received as a result of the performance?	Communicate performance - reward possibilities & confirm them.
Valence	How highly do I value the work outcomes?	Identify individual needs or outcomes. Adjust available rewards to match these.

Section #3 - Pre-test, questionnaire on motivation, handout on expectancy theory, evaluation, references

Pre- test on Motivation theories

1. Explain the difference between need and process theories of motivation.

2. Discuss the need categories and basic concepts within Maslow's hierarchy of needs theory.

3. Describe the differences between Alderfer's ERG theory and Maslow's hierarchy of needs theory.

4. Identify and explain the three types of needs in McClelland's acquired needs theory.

5. Discuss the difference between hygiene factors and satisfiers within Herzberg's two factor theory.

6. Explain how tension is produced and ways to reduce tension, according to equity theory.

7. Explain the concepts of expectance, instrumentality, and valence as described in Vroom's Expectancy theory.

Motivation Questionnaire

Please list five items which you feel motivate you to do your best in your present position in the Air Force. When you have decided on five items, please rank them in order of importance, with one being the most important. Some examples of items are listed below, but please list whatever you feel is important, in whatever words you need to describe the item.

Sample items:

1. Good pay
2. Good working conditions
3. Freedom to do what I want in my job
4. Etc.

What do you feel could be changed within your working environment to improve your motivation?

Now, please list five items you feel are important to your staff nurses to motivate them to do their best work for you.

What do you feel you could change within their working environment to improve their motivation?

Also, please list five items you feel are important to your technicians in motivating them to do their best work?

What could you do as charge nurse to improve the motivation of your technicians?

Lastly, please explain what your personal objectives are in attending this course.

Application of Expectancy theory

1. A staff nurse attends a conference that deals with nursing performance standards, objectives, and policies and procedures. When she returns from the conference her charge nurse asks her to present an inservice on what she has learned. After attending the inservice, the charge nurse informs her that because she was so knowledgeable about the subject and did such an excellent presentation, that she was assigning her as chairman of the policies and procedures standardization committee.

What are some of the feelings the staff nurse may be having, relating to valence and instrumentality?

How would you feel if you were this staff nurse?

Would you have done anything differently if you were this charge nurse?

2. An energetic and enthusiastic staff nurse, well liked by her peers, has been on leave for the past two weeks. She returns to work the night shift on her unit. The morning after her first night shift back on duty, her charge nurse approaches her. She tells her that she is going to let her take over the schedule, starting this week, because the Christmas holiday season is coming up and the schedule will be complicated. She tells the staff nurse that she knows she'll do a good job, that they need someone creative like her to be able to satisfy everyone. The staff nurse has had no prior experience in making out work schedules.

How would you feel if you were this staff nurse and how would you respond to this recent development?

Discuss how this staff nurse may view expectancy, instrumentality, and valence?

3. A staff nurse on your unit is very interested in pediatric oncology. She has attended several seminars and also inservices within the hospital on oncology. She relates well to the patients and their families and you have received numerous compliments from parents on her care and skill.

Discuss what you, as a charge nurse, can do to encourage this staff nurse to continue her enthusiasm and motivation on your pediatric unit.

What types of outcomes do you feel this nurse would value?

Evaluation of Motivation Theory Presentation

Please rate on a scale from 1 to 5, how comfortable you would feel in meeting the following objectives. Circle one number for each statement.

Objective	low 1	2	3	4	high 5
1. Explain the differences between need and process theories.	1	2	3	4	5
2. Discuss the need categories and basic concepts within Maslow's hierarchy of needs theory.	1	2	3	4	5
3. Describe the differences between Alderfer's ERG theory and Maslow's hierarchy of needs theory.	1	2	3	4	5
4. Identify and explain the three types of needs in McClelland's acquired needs theory.	1	2	3	4	5
5. Discuss the difference between hygiene factors and satisfiers within Herzberg's two factor theory.	1	2	3	4	5
6. Explain how tension is produced and ways to reduce this tension according to equity theory.	1	2	3	4	5
7. Explain the concepts of expectancy, instrumentality, and valence as described in Vroom's expectancy theory.	1	2	3	4	5

Please answer the following questions also:

8. Were your personal objectives met by attending this presentation? Yes_____ No_____ If no, please explain.

9. Was sufficient time allotted for this presentation?
Adequate____ Too short____ Too long____

10. Did the speaker allow ample time for answering questions and clarifying material? Yes____ No____

11. Please evaluate the environment of this presentation.

Category	low 1	2	3	4	high 5
Conducive to learning	1	2	3	4	5
Seating arrangements	1	2	3	4	5
Room temperature	1	2	3	4	5
Acoustics	1	2	3	4	5

12. What did you like most about this presentation? Please explain why.

13. What did you like least about this presentation? Please explain why.

14. Please indicate what benefits you received from participating in this seminar.

New knowledge____ New skills____

Sharing thoughts and ideas____ Change in attitude____

Other____

15. Additional comments :

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Leadership Theories

Section #1 - outline, lecture material

Leadership Outline

A. Trait theory

B. Blake and Mouton's Managerial Grid

C. Contingency theories

   1. Vroom and Yetton's decision making model

   2. Fiedler's contingency theory

   3. House's path goal theory

D. Situational leadership - Hersey and Blanchard

E. McGregor's theory X / theory Y

F. Styles of leadership

   1. Autocratic

   2. Democratic

   3. Laissez - faire

   4. Participative

Lesson Plan - Leadership theories

I. Objectives

The participant will be able to:

A. Identify at least three leadership theories and be able to discuss basic concepts of each.

B. Apply concepts of leadership theory to their working environment.

C. Use Vroom and Yetton's decision making model to make decisions about selected problems.

D. Reconstruct the managerial grid and describe the five types of grid styles.

E. Discuss the differences between theory X and theory Y in McGregor's theory of leadership.

F. Describe the four different styles of leadership and consequences of each.

II. Teaching methods

Lecture - accompanied by transparencies
Group exercise on the managerial grid
Group exercise on decision making
Leader effectiveness and adaptability description questionnaire

III. Content and Hours Total hours - 4hrs. 20 min.

A. Introduction to leadership
B. Trait theory
C. Blake and Mouton's managerial grid 1 hr.
 1. description of grid
 2. description of five leadership styles
 3. exercise on grid styles
D. Contingency theory
 1. Vroom and Yetton's decision making model 1 hr.
  a. description of model
  b. description of types of decision styles
  c. review of important attributes and diagnostic questions
  d. exercise on decision making
 2. Fiedler's contingency theory 30 min.
  a. description of theory
  b. explanation of terms
  c. task motivated vs. relations motivated leaders
 3. House's path goal theory 20 min.
  a. description of theory

b. description of the four leadership behaviors
c. categories of contingency variables
d. application of the theory

E. Situational leadership(Hersey and Blanchard's model) 1 hr.
1. Description of the model
2. Task vs. relationship behavior
3. Application of the model
4. Lead questionnaire and analysis

F. McGregor's theory X/theory Y 15 min.
1. Description of the theory
2. Differences between X and Y
3. Application of the theory

G. Styles of leadership 15 min.
1. Autocratic
2. Democratic
3. Laissez - faire
4. Participative

Leadership theories

Leadership is an important factor in motivating workers. Effective leaders understand how to alter the working environment to meet people's needs. They are able to see when changes need to be made and they aren't afraid to take the risks needed to make these changes.

Leadership theories offer differing views of leaders and their functions. Each theorist presents methods and behaviors they feel leaders should use to be successful. The approach charge nurses use to motivate their workers may vary depending on their own personal beliefs and views about leaders and how they should function. Organizational effectiveness and motivation will be influenced by a leader's behavior and style. Leadership theories offer charge nurses a variety of ideas and approaches toward problem solving, goal setting, motivation, and many other aspects of management.

Trait theory

The trait theory of leadership was one of the first attempts to distinguish between leaders and non-leaders. Basically, this theory stated that there were certain traits all leaders possessed. Traits such as height, weight, intelligence, fluency of speech, etc. were considered important in distinguishing leaders from non-leaders. For example, an obese person or a short person would not be looked upon as a leader. Over time

however, researchers have not been able to validate this theory. There has not been any consistent traits found to differentiate leaders from non-leaders.

Blake and Mouton's Managerial Grid ®

Robert Blake and Jane Mouton developed a grid to plot a manager's behavior in relation to tasks and concern for people. They have applied this grid to the field of nursing with the help of Dr. Mildred Tapper, a nurse with a wide variety of experience and knowledge in the head nurse position. Figure #1 illustrates their grid. They have identified five main types of leadership based on concern for production and concern for staff:

1. 9,1 oriented administrative nurse - a high concern for delivering hospital services,9, is coupled with little or no concern for staff as individual persons with thoughts and feelings, or 1. Pressure for results is applied on a "do as I say" basis.
2. 1,9 oriented theory - A minimum concern for administering hospital services is joined with a maximum concern for staff nurses and other hospital personnel. This nurse is concerned first with developing friendly relations with staff. She "knows" that when she offers them her warmth and approval they will carry out their nursing duties in a professional manner, without having to be told much of anything. She believes that staff members blossom when warm, supportive, nondirective, and nonjudgemental supervision is provided.

3. 1,1 oriented strategy of supervision - Concern for services and concern for the staff are both at a low ebb. This nurse has not physically quit, but she has mentally left the health care organization. She goes through the motions of being part of the organization, but does not really contribute to it. These nurses exist, but this strategy is easy to overlook, partly because they get by on a "see no evil, hear no evil, speak no evil" basis.

4. 5,5 oriented grid style - "Middle of the road" strategy based on maintaining an intermediate amount of both concerns. The nurse supervising in this way wants her staff to maintain a steady pace that is acceptable to all. She relies on policy manuals and procedural guidelines in making decisions so that she does not have to take sides.

5. 9,9 oriented supervisory position - This couples concern for delivery of hospital services with a high concern for personnel as individuals. The nurse with this orientation leads by gaining the involvement, participation, and commitment of staff nurses and others to achieve mutually shared goals. Staff members working together in a 9,9 manner know that they have a common stake in the outcome of their endeavors through better health care delivery carried out in a personally rewarding and satisfying way.

(From Grid Approaches for Managerial Leadership in Nursing(pp.3-5) by Robert Blake, Jane Srygley Mouton, and Mildred Tapper. St. Louis: C.V.Mosby Company, Copyright © 1981, pp. 3-5. Reproduced by permission).

According to this theory, a person may have a dominant grid style, but also be capable of shifting from one style to another. The authors suggest that people may have several backup styles of leadership. The authors also believe that there are three basic forces that determine what type of strategy you will use as a supervisor:

1. Immediate situations - time constraints, pressures, high patient census, emergencies, etc.
2. Your requirements, real or imagined, of the agency, such as policies and procedures.
3. Your own grid style.

(Taken from Grid Approaches for Managerial Leadership in Nursing, (p.6) by Robert Blake, Jane Mouton, and Mildred Tapper, 1981, St. Louis: The C.V.Mosby Company).

They believe that, of all these forces, your behavior is the one that can be most readily acted on.

Charge nurses need to identify and understand grid style to evaluate when and where they will be most effective. Those that would like to change their style will have to consciously work at it, learning new behavior.

Contingency theories

1. Vroom and Yetton's Decision Making Model (Vroom, V. & Yetton,P. Leadership and Decision Making. Pittsburgh: Univ. of Pittsburgh Press, 1973.)

Victor Vroom and Phillip Yetton developed a model to help managers choose which decision making method is most appropriate for problems they encountered in their working environment. They developed five types of decision styles for managers to use, depending on the basic attributes of the problem they were trying to solve. The five styles are:

A1 - You solve the problem or make the decision yourself, using information available to you at the time.

A11 - You obtain the necessary information from your subordinates, then decide the solution to the problem yourself. You may or may not tell your subordinates what the problem is in getting the information from them. The role played by your subordinates in making the decision is clearly one of providing the necessary information to you, rather than generating or evaluating alternative solutions.

C1 - You share the problem with the relevant subordinates individually, getting their ideas and suggestions without bringing them together as a group. Then you make the decision, which may or may not reflect your subordinates' influence.

C11 - You share the problem with your subordinates as a group, obtaining their collective ideas and suggestions. Then you make the decision, which may or may not reflect your subordinates' influence.

G11 - You share the problem with your subordinates as a group. Together you generate and evaluate alternatives and attempt to reach agreement(consensus) on a solution. Your role is much like

that of a chairman. You do not try to influence the group to adopt "your" sclution, and you are willing to accept and implement any solution which has the support of the entire group. (Reprinted from Leadership and Decision-Making by Victor H. Vroom and Philip W. Yetton by permission of the University of Pittsburg Press. ©1973 by University of Pittsburgh Press).

The important item to remember when using this model is that the decision making style should be appropriate for the problem you're trying to solve. Table #1 provides a list of attributes along with pertinent diagnostic questions to ask when making a decision. Asking these questions will help you decide what type of decision making style is appropriate for the problem.

These researchers have also developed a decision process flow chart to aid managers in analyzing attributes of a problem. Figure #2 illustrates the chart, showing the decision making styles which are most effective. There may be more than one style of decision making that is feasible for some problems. Many managers will choose the decision style that uses the least amount of manhours, if it is equal to other styles in meeting quality and acceptance requirements.

This model is easily adapted to the health care environment. It offers charge nurses the opportunity to make sound decisions by considering the contingency variables that affect those decisions.

2. Fiedler's Contingency theory (Fiedler,F. Chemers, M. and Mahar, L. The Leadership Match Concept. New York: John Wiley and Sons, Inc. 1978.)

Fred Fiedler developed a theory based on the idea that leadership style needs to match the demands of the situation. He describes two basic leadership styles to be used, depending on the situation you are involved in. The two leadership styles identified by Fiedler are relations motivated and task motivated.

Relations motivated leaders are concerned with maintaining good interpersonal relationships with others. They are also concerned with task completion, but this is secondary to maintenance of relationships. These leaders are very tolerant of those with differing opinions and are good at solving complicated problems requiring ingenuity and creativity.

Task motivated leaders are more concerned about the task and getting things done, and may not consider workers' feelings in the process. These leaders need measurable proof of accomplishment to gain self esteem.

Fiedler states that one style of leadership may be more effective than another depending on the amount of leadership control. He uses three factors to describe control in a situation:

1. leader-member relations - the degree to which subordinates accept and support their leader.
2. task structure - whether the task has specific instructions, guidelines, goals or procedures to be followed.

3. position power - the amount of power the leader has by virtue of her position. This includes items such as ability to reward or punish, promote, etc.

Task motivated leaders tend to do well in high control situations since they favor clear instructions and guidelines. In moderate control situations they may ignore people's needs, because they concentrate on the task too heavily, and this may cause problems. In low control situations these leaders tend to use their power to take charge and to develop specific and clear guidelines for tasks.

Relations motivated leaders tend to do their best in moderate control situations, since these situations offer them the opportunity to concentrate on interpersonal relationships. In low control situations these leaders may spend too much time on relationships and not enough time on getting the job accomplished. Performance of the group may suffer as a result. In high control situations, where they don't have to worry about their relationship with workers, they may become less considerate of workers' feelings. They may be so concerned about outward appearances to supervisors, that they may ignore their subordinates, or go to the opposite extreme and be overly aggressive with them.

In using Fiedler's theory, charge nurses need to assess the situation in terms of control. Once this is accomplished, they need to match leadership style with the situation. Charge nurses who understand their style and feel comfortable adapting to new

situations might attempt to alter their style to match the degree of control. However, Fiedler feels that it is difficult to change a person's leadership style, so charge nurses may have to increase or decrease control in the proper direction to match their own particular style.

3. House's Path Goal theory (Schermerhorn,J.R.,Hunt,J.G.,& Osborn,R.N. 1982. Managing Organizational Behavior,2nd ed. New York: John Wiley & Sons, Inc. 597-600).

In Robert House's path goal theory, the leader's primary function is to act within the working environment in ways that complement the work setting. The leader attempts to influence workers' perceptions of personal and organizational goals and the paths between these goals. House believes that the leader can compensate for what is lacking in the environment and in so doing, will satisfy subordinates. For example, if a worker's task isn't clear, the charge nurse can compensate for this by offering specific guidelines and instructions for completing the task.

House's theory incorporates four leadership behaviors and two contingency variables. The four leadership behaviors and their description are as follows:

1. Directive - letting workers know what is expected of them. Providing specific guidelines on what needs to be done and how to do it. Scheduling work that needs to be done. Maintaining

specific standards of performance. Making leader's part in the group understood.

2. Supportive - Doing things to make the work atmosphere more pleasant. Treating workers as equals. Being friendly and open. Showing concern for others and caring about their well-being.

3. Achievement-oriented - Showing a high degree of confidence in your workers. Setting challenging goals. Expecting workers to perform at their best. Consistently emphasizing excellence in performance.

4. Participative - Asking for workers' suggestions and views. Taking suggestions seriously. Consulting with staff members to problem solve.

(Adapted from Managing Organizational Behavior,2nd ed. (p.599), by John Schermerhorn, James Hunt, and Richard Osborn, New York: John Wiley And Sons, Inc. Adapted with permission).

The two categories of contingency variables include workers' attributes and work setting attributes. Worker attributes are authoritarianism, external - internal orientation, and ability to do the work. Work setting attributes include the nature of the task, the formal authority system, and the primary work group.

Leadership behaviors combined with the contingency variables influence the motivation and satisfaction of workers. Applying this theory involves assessment of the working environment, especially contingency variables and leadership behavior. According to this theory, directive styles of leadership work well when tasks are ambiguous. In this case, charge nurses can

compensate for lack of clarity by using the directive approach. If tasks are clear, however, this type of leadership can be detrimental to performance.

Leader supportiveness may be needed when tasks are highly repetitive, stressful, unfulfilling, or unpleasant. This describes many of the tasks associated with nursing and the health care environment. The leader's support can compensate for these factors. For example, charge nurses may need to use this approach when supervising technicians, since many of their tasks are repetitive and unpleasant.

Leader achievement oriented behavior may assist workers to achieve higher goals and enhance their confidence in meeting these goals.

Leader participative behavior will promote satisfaction for those involved in non repetitive tasks. Those workers involved in repetitive task will also approve of participative behavior if they are open minded.

Situational Leadership (Hersey,P. & Blanchard, K.H. 1977. Management of Organizational Behavior: Utilizing Human Resources, 3rd ed. New Jersey: Prentice-Hall, Inc.).

Paul Hersey and Kenneth Blanchard's situational leadership model stresses the importance of leaders in adapting their emphasis on task and relationship behaviors according to the maturity of their followers. Task behaviors are associated with activities to complete work requirements. Leaders may explain

what needs to be done, when, where, and by whom. Relationship behavior is oriented toward relationships between the leader and members of their staff. Communication, emotional support and "positive strokes" are all associated with relationship behaviors. Maturity of the workers can be described as their ability and willingness to take on responsibility for completing tasks. This model identifies four leadership styles, each placing an emphasis on a combination of leaders' task and relationship behavior.

Figure #3 shows the model, displaying the best matches of leadership behavior to maturity. Quadrant #1 would be used for workers' with a low maturity level. This style places most of its emphasis on tasks and little on relationships. Quadrant #2 would be used when dealing with workers who have a low to moderate level of maturity. This style places equal emphasis on tasks and relationships. Quadrant #3 would be used with workers who have a moderate to high level of maturity. This style places more emphasis on relationships than on tasks. Quadrant #4 would be used for the most mature workers. These workers need little supervision and little support, so there is low emphasis on tasks and relationships.

Just as previous theories required the charge nurse to assess the working environment, so does this theory. After diagnosing the situation, especially the maturity of the workers, charge nurses should choose the leadership style that would be most effective in that situation. It is important that charge

nurses re-assess the environment from time to time so they can adjust their behavior to meet workers' needs.

McGregor's Theory X / Theory Y (McGregor, D. 1960. The Human Side of Enterprise. New York: McGraw-Hill Book Company, Inc.

Douglas McGregor developed two theories of leadership based on a leader's belief about human nature. Theory X can be associated with a negative view of mankind, while theory Y is more optimistic and views mankind more positively. According to McGregor, a theory X manager makes decisions in the work environment based on the following beliefs:

1. The average human being has an inherent dislike of work and will avoid it if he can.
2. Because of this human characteristic of dislike of work, most people must be coerced, controlled, directed, or threatened with punishment to get them to put forth adequate effort toward the achievement of organizational goals.
3. The average human being prefers to be directed, wishes to avoid responsibility, has relatively little ambition, and wants security above all.

The following assumptions would be held by a theory Y manager:

1. The expenditure of physical and mental effort in work is as natural as play or rest.
2. External control and the threat of punishment are not the only means for bringing about effort toward organizational

objectives. Man will exercise self-direction and self-control in the service of objectives to which he is committed.

3. Commitment to objectives is a function of the rewards associated with their achievement.

4. The average human being learns, under proper conditions, not only to accept , but to seek responsibility.

5. The capacity to exercise a relatively high degree of imagination, ingenuity, and creativity in the solution of organizational problems is widely, not narrowly, distributed in the population.

6. Under the conditions of modern industrial life, the intellectual potentialities of the average human being are only partially utilized.

(From The Human Side of Enterprise(pp42-48) by Douglas McGregor, 1960, New York: McGraw-Hill Book Company. Reprinted with permission).

McGregor feels that managers blame their workers all to often when they fail to see desired results from managerial decisions. Managers look everywhere, but where the problem usually lies - in the inappropriate method of control. McGregor argues that managers should adapt to human nature rather than attempting to make human nature conform to their wishes. He feels that authority is appropriate as a way of influencing behavior in some circumstances. However, when authority fails to achieve desired results, then you need to use other means of influence.

McGregor feels that new strategies such as management by objectives or democratic leadership can be misleading, if procedures to implement them have been developed from the same inadequate assumptions of human nature that theory X is based on. He feels that as long as the assumptions of theory X influence management decisions, we will fail to utilize the potentialities of human beings.

Theory Y concentrates on the need for adaptation rather than one single form of control. It is more dynamic than theory X. McGregor feels that theory Y places problems of ineffective organizational performance in the hands of the manager instead of blaming employees. Instead of seeing employees as lazy or uncooperative, theory Y implies that the causes lie in management's methods of control. Theory Y incorporates a principle of integration - to create conditions so that workers in an organization can achieve their goals, by directing their efforts toward the success of the organization. The implications from theory Y are that an organization will ultimately suffer if it ignores peoples' personal needs and goals.

Styles of Leadership

1. Autocratic

The autocratic or authoritarian leader is predominately a task oriented leader who uses her position and personal power to obtain results. This leader is the type who often makes decisions and announces them to the group. Workers carry out

orders with little influence in decisions that affect them. Often, physicians display this type of style since they make decisions that others can't. Most charge nurses, however, have the opportunity to request staff members opinions and ideas in decisions about their unit. It's often difficult for those holding position power not to give in to the temptation to use this power, rather than an alternative form of influence.

2. Democratic

A democratic style of leadership is one where the leader values staff members individual characteristics, abilities, and views. This leader would define the limits of situation, the problem to be solved, and ask the group to make decisions. There may be boundaries set by the charge nurse, but staff members are allowed to make their own decisions within these boundaries.

3. Laissez - Faire

This style of leadership is a free rein type of leadership. The charge nurse is merely a figurehead. Staff members are left on their own to make decisions without direction, supervision, or coordination.

4. Participative

The participative style of leadership is a compromise between the autocratic and democratic styles. This charge nurse presents the problem to staff members, obtains their suggestions, opinions, and views, and then makes the decision. Workers are

allowed a wide area of freedom, and authority used by the charge nurse may be lessened.

All charge nurses are leaders, in a sense, because they influence the behavior of others within the organization. Some may be poor leaders who influence only when they exert their position power in negative ways. Others will be exceptional leaders by learning what style and type of leadership to display and under what circumstances to display it.

Using the information from leadership theories and combining them with motivation theories allows charge nurses a wide variety of choices to use when working with their people. By looking at their own beliefs and behaviors, and trying to understand workers needs and behaviors, they will begin to see what changes may be needed to improve the motivational climate of their working environment.

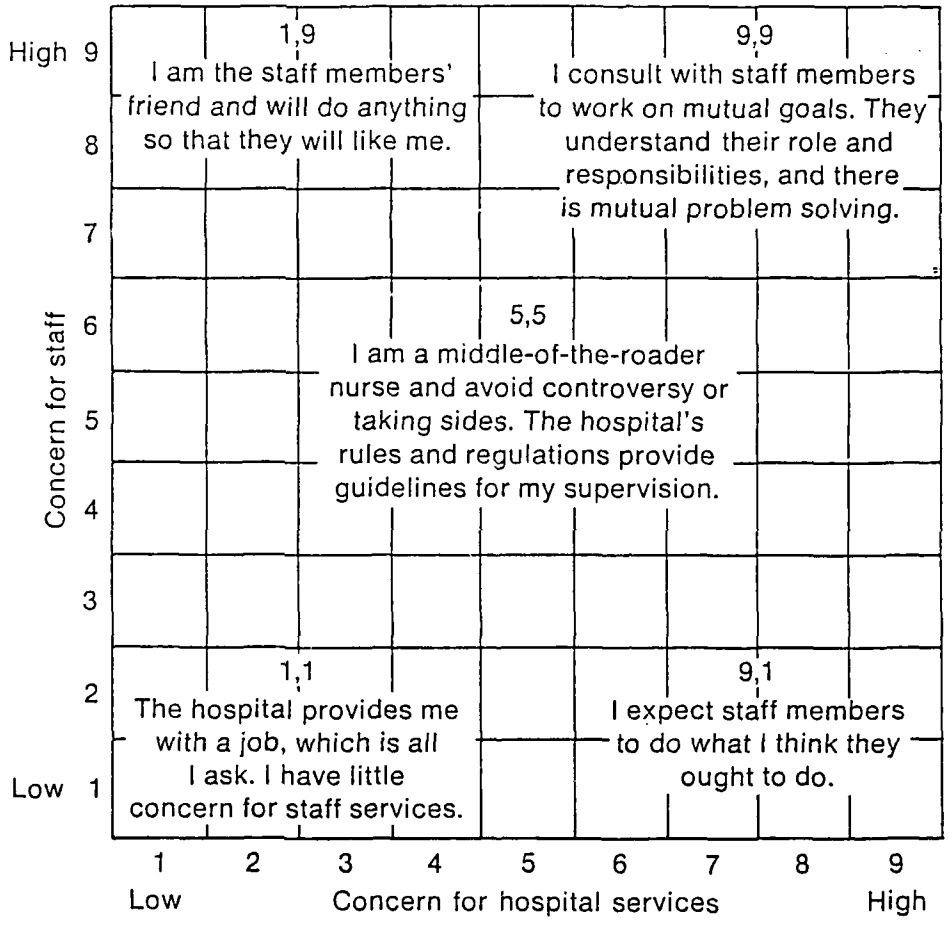

Fig1 The nurse administrator Grid.

A. Is there a quality requirement such that one solution is likely to be more rational than another?
B. Do I have sufficient info to make a high quality decision?
D. Is the problem structured?
E. Is acceptance of decision by subordinates critical to effective implementation?
F. If I were to make the decision by myself, is it reasonably certain that it would be accepted by my subordinates?
G. Do subordinates share the organizational goals to be attained in solving this problem?
H. Is conflict among subordinates likely in preferred solutions?

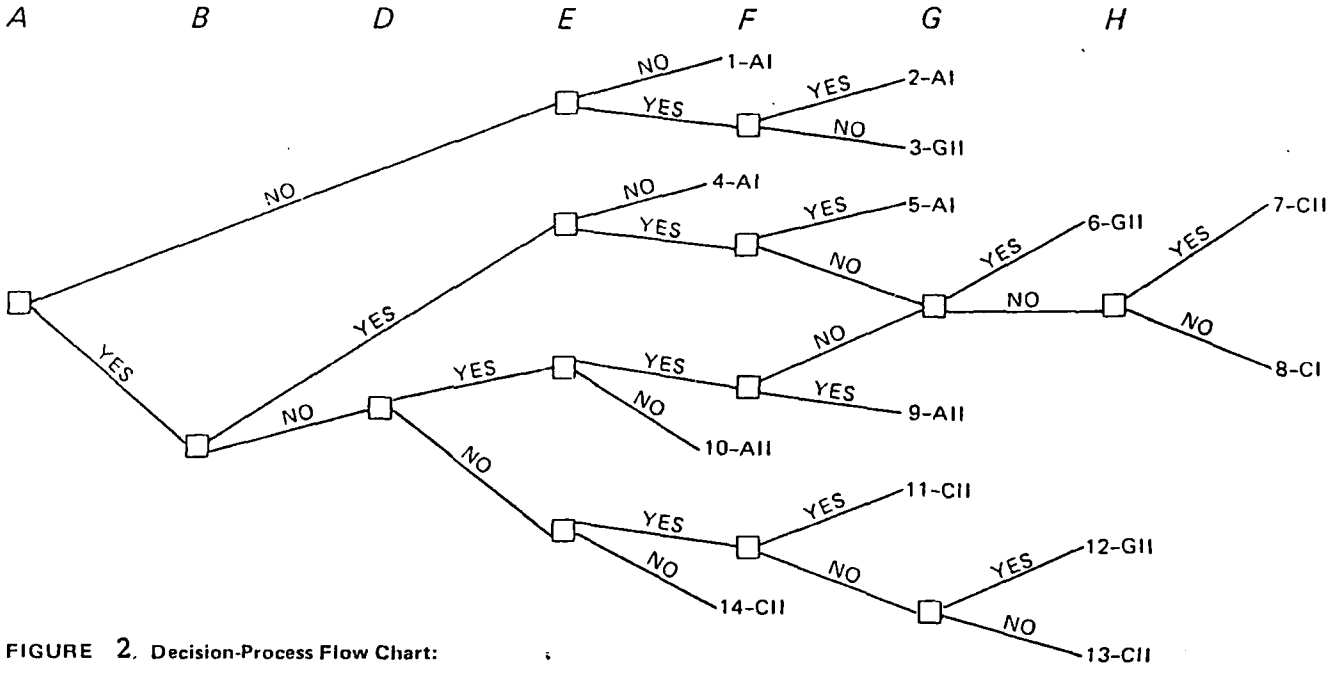

FIGURE 2. Decision-Process Flow Chart:

Vroom and Yetton's Decision Making Model

Attribute	Diagnostic Question
1. Quality requirement	Is there a quality requirement such that one solution is likely to be more rational than another?
2. Problem structure	Is the problem structured?
3. Prior probability	If I were to make the decision by myself, is it reasonably certain that it would be accepted by my subordinates?
4. Goal congruence(trust)	Do subordinates share the organizational goals to be attained in solving this problem?

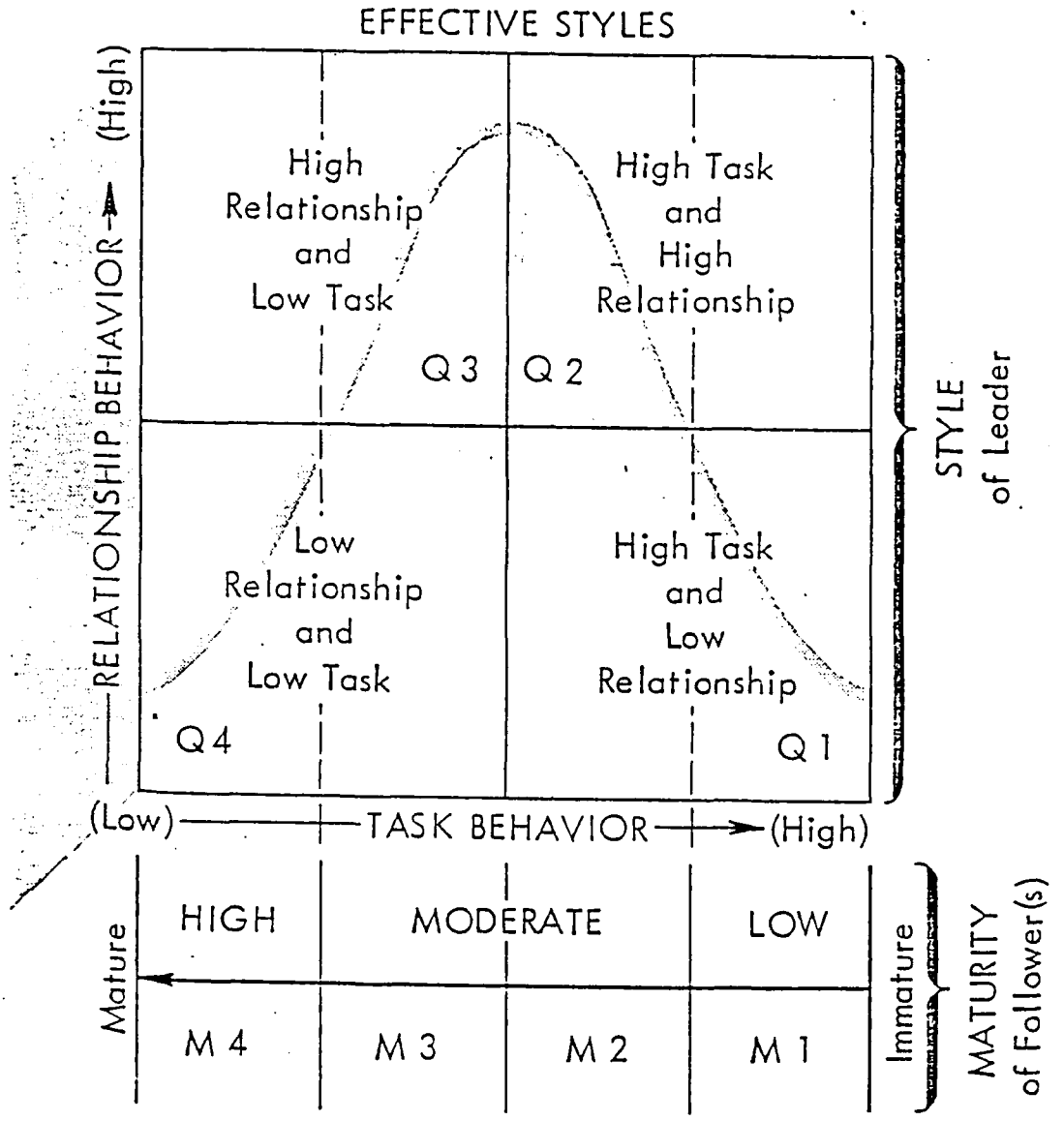

Figure 3 Designations for styles of leadership and maturity levels of follower(s).

Paul Hersey/Kenneth H. Blanchard, Management of Organizational Behavior: Utilizing Human Resources, 3e, (c) 1977, p.167. Reproduced by permission of Prentice-Hall, Inc., Englewood Cliffs, N.J.

Section #2 - Sample format for transparencies

LEADERSHIP THEORIES

A. Trait theory

B. Blake and Mouton's Managerial Grid

C. Contingency theories

D. Situational leadership

E. McGregor's theory X / theory Y

F. Styles of leadership

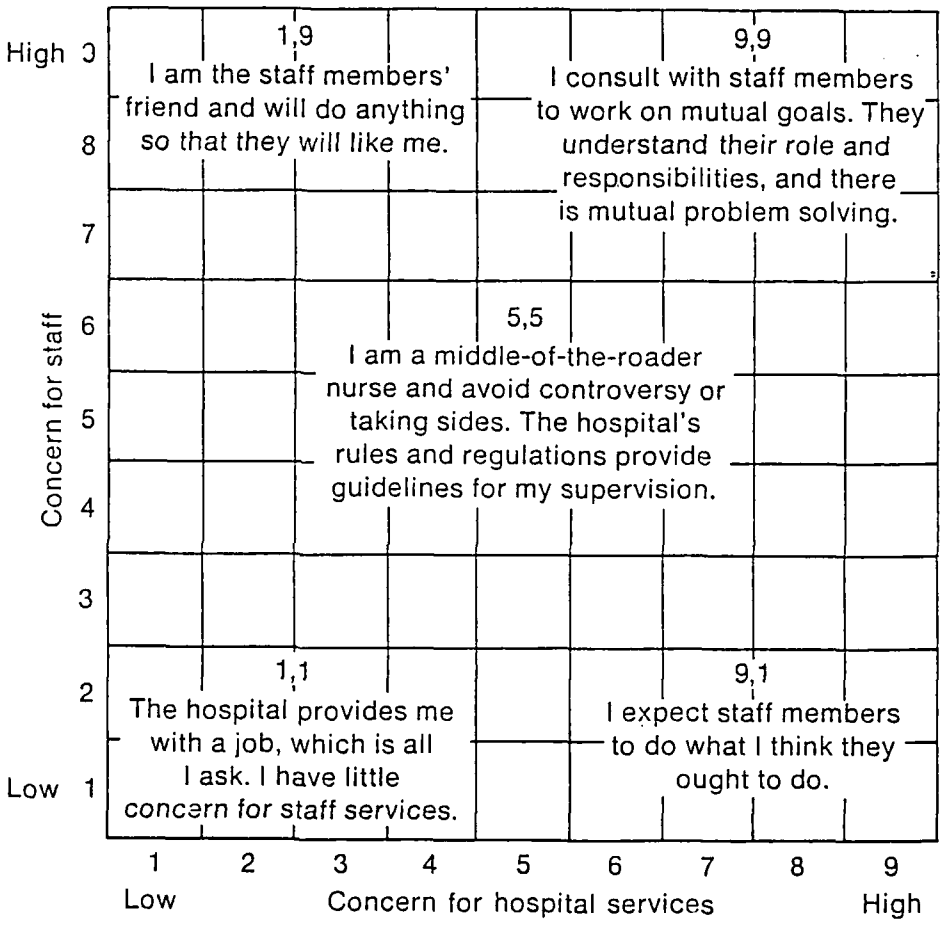

Fig1 The nurse administrator Grid.

3 Basic Forces that Determine Strategy

1. Immediate situation

2. Your requirements of the agency

3. Your own grid style

Contingency theories

1. Vroom and Yetton's Decision Making Model

2. Fiedler's Contingency theory

3. House's Path Goal theory

A. Is there a quality requirement such that one solution is likely to be more rational than another?
B. Do I have sufficient info to make a high quality decision?
D. Is the problem structured?
E. Is acceptance of decision by subordinates critical to effective implementation?
F. If I were to make the decision by myself, is it reasonably certain that it would be accepted by my subordinates?
G. Do subordinates share the organizational goals to be attained in solving this problem?
H. Is conflict among subordinates likely in preferred solutions?

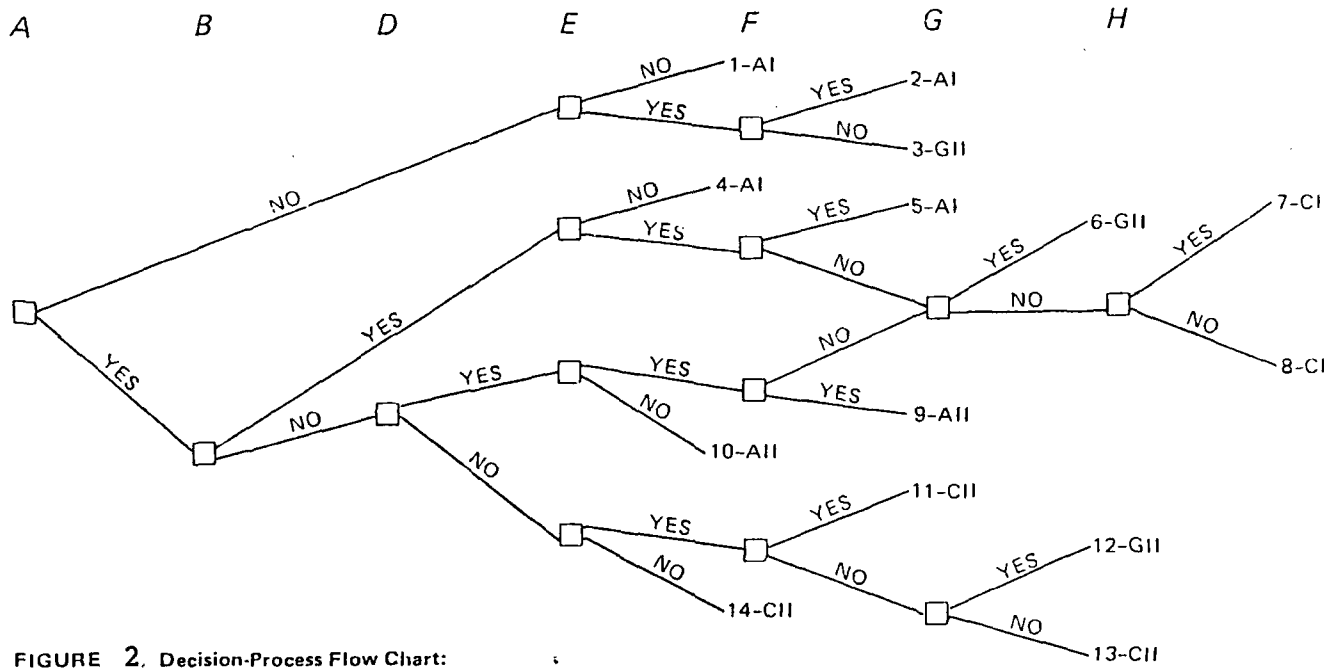

FIGURE 2. Decision-Process Flow Chart:

Problem Attributes to Consider

1. Quality requirements

2. Problem structure

3. Prior probability

4. Goal congruence (trust)

Fiedler's Contingency Theory - Leadership Styles

1. Relations motivated

2. Task motivated

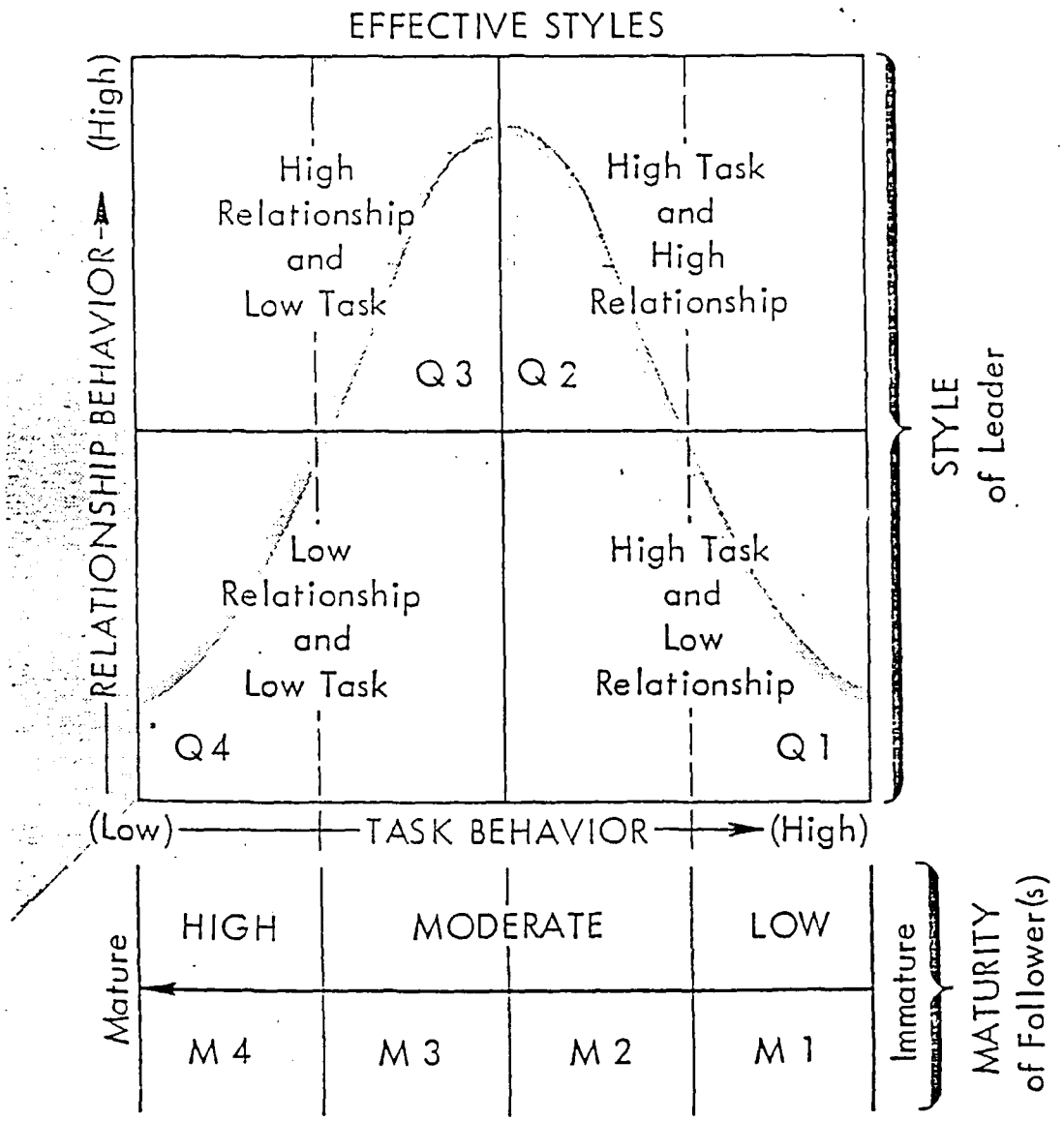

Figure 3 Designations for styles of leadership and maturity levels of follower(s).

Work Preferences of people high in need for achievement, affiliation, and power.

Individual need	Work Preferences	Example
High need for achievement	Challenging, yet achievable goals.Feedback on performance. Individual responsibility.	Assigned complicated patients or ones that others can't handle.
High need for affiliation	Interpersonal relationships. Opportunities to communicate.	Preceptor for nurse interns.Involved in support groups on the unit.
High need for power	Control over others. Attention, recognition.	Appointed as chairman of a committee. Position of authority on the unit.

Leadership Control

1. Leader - Member relations

2. Task Structure

3. Position Power

House's Path Goal Theory

Four Leadership Behaviors:

1. Directive
2. Supportive
3. Achievement - Oriented
4. Participative

House's Path Goal Theory

Contingency Variables:

1. Worker attributes

2. Work setting

McGregor's Theory X / Theory Y

Theory X - Negative

Theory Y - Positive

Styles of Leadership

1. Autocratic

2. Democratic

3. Laissez - Faire

4. Participative

Section #3 - exercise and references

Exercise on the Managerial Grid

1. This nurse administrator would believe in the phrase "you scratch my back and I'll scratch yours". Her goal is to make many friends. She feels that if she thinks, looks, and acts like everyone else, but a little more so, she will be in good line for promotion. She avoids exerting formal authority. She plans according to what her staff members will accept or reject. She values the formal as well as the informal communication network to find out what is going on. She responds to staff complaints because they signal trouble that could reduce production or her popularity.

What grid style does this nurse administrator fit?

In what type of situations would this style be effective?

In what types of situations would this style cause difficulties?

2. This nurse administrator strives to be a powerful person, and shows this by being able to deliver what is asked of her by the chief nurse and physicians. She doesn't tolerate inability to follow the chain of command. Staff members are told what to do and how to do it. Clarity of communication is important. She becomes angry if someone doesn't comply with her wishes. She can't put up with an error in any way because once it happens she believes it will happen again. She doesn't like to listen to complaints and might respond with a comment like this - "Stop being a complainer". Staff nurses become frustrated with this charge nurse and become resentful working for her. This charge nurse sees negative attitudes as a sign of insubordination and will do whatever she has to, to get this person off of her unit.

What grid style does this charge nurse fit?

In what types of situations would this style be effective?

In what types of situations would this style cause problems?

3. This charge nurse believes that objectives should meet

personal as well as organizational goals. She utilizes the resources of workers and develops strategies so staff members can expand their abilities. Mutual trust and respect is valued. Staff members know what is important and know what direction to work toward. Problems are presented to staff members in honest and realistic terms. She believes that conflict can be both a negative and a positive force and that it is resolvable. She believes in teamwork to solve problems. She listens to complaints to get at the root of the problem.

What grid style does this charge nurse fit?

In what types of situations would this style be effective?

In what types of situations would this style cause difficulties?

Exercise on Decision Making

Using the decision process flowchart, analyze the following situations to arrive at what you feel is the best decision for the problem. Discuss the problem attributes and answers to the diagnostic questions as they apply in each situation.

1. You are the charge nurse on an oncology unit that is well staffed. You have just been notified by the chairman of the department that you will have to loan one of your nurses to the pediatric unit for the next two months because of staffing shortages there. The chairman of the department is allowing you to make the decision as to who goes. She has given you the choice of sending one nurse for the whole two months or sending one nurse for the first month and a different nurse for the second month. How do you make the decision?

2. You have been the charge nurse on an obstetric unit for the past two years. You have just been informed by the chief nurse that she has received a slot for a nurse at the OB short course at Keesler AFB. You need to decide which staff member to send to this course. How do you make your decision?

3. You have recently become head nurse on a general surgery unit. After reviewing the policy and procedure manuals on the unit you discover many outdated items. These need to be updated as soon as possible for an upcoming staff assistance visit. What do you do?

Leader Effectiveness and Adaptability Description

Situation	Alternative Actions
1. Your subordinates are no longer responding to your friendly conversation and obvious concern for their welfare. Their performance is declining rapidly.	A. Emphasize the use of uniform procedures and the necessity for task accomplishment. B. Make yourself available for discussion, but don't push your involvement. C. Talk with subordinates and then set goals. D. Intentionally do not intervene.
2. The observable performance of your group is increasing. You have been making sure that all members are aware of their responsibilities and expected standards of performance.	A. Engage in friendly interaction, but continue to make sure that all members are aware of their responsibilities and expected standards of performance. B. Take no definite action. C. Do what you can to make the group feel important and involved. D. Emphasize the importance of deadlines and tasks.
3. Members of your group are able to solve a problem themselves. You have normally left them alone. Group performance and interpersonal relations have been good.	A. Work with the group and together engage in problem solving. B. Let the group work it out. C. Act quickly and firmly to correct and redirect. D. Encourage group to work on problem and be supportive of their efforts.
4. You are considering a major change. Your subordinates have a fine record of accomplishment. They respect the need for change.	A. Allow group involvement in developing the change, but don't be too directive. B. Announce changes and then implement with close supervision. C. Allow group to formulate its own direction. D. Incorporate group recommendations, but you direct the change.

5. The performance of your group has been dropping during the last few months. Members have been unconcerned with meeting objectives. Redefining roles and responsibilities has helped in the past. They have continually needed reminding to have their tasks done on time.

A. Allow group to formulate its own direction.
B. Incorporate group recommendations, but see that objectives are met.
C. Redefine roles and responsibilities and supervise carefully.
D. Allow group involvement in determining roles and responsibilities, but don't be too directive.

6. You stepped into an efficiently run organization, which the previous administrator tightly controlled. You want to maintain a productive situation, but would like to begin humanizing the environment.

A. Do what you can to make group feel important and involved.
B. Emphasize the importance of deadlines and tasks.
C. Intentionally do not intervene.
D. Get group involved in decision making, but see that objectives are met.

7. You are considering changing to a structure that will be new to your group. Members of the group have made suggestions about the needed change. The group has been productive and demonstrated flexibility in its operations.

A. Define the change and supervise carefully.
B. Participate with the group in developing the change but allow members to organize the implementation.
C. Be willing to make changes as recommended, but maintain control of implementation.
D. Avoid confrontation; leave things alone.

8. Group performance and interpersonal relations are good. You feel somewhat unsure about your lack of direction of the group.

A. Leave the group alone.
B. Discuss the situation with the group and then you initiate necessary changes.
C. Take steps to direct subordinates toward working in a well-defined manner.
D. Be supportive in discussing the situation with the group but not too directive.

9. Your superior has appointed you to head a task force that is far overdue in making requested recommendations for change. The group is not clear on its goals. Attendance at sessions has been poor. Their meetings have turned into social gatherings. Potentially they have the talent necessary to help.

A. Let the group work out its problems.
B. Incorporate group recommendations, but see that objectives are met.
C. Redefine goals and supervise carefully.
D. Allow group involvement in setting goals, but don't push.

10. Your subordinates, usually able to take responsibility are not responding to your recent redefining of standards.

A. Allow group involvement in redefining standards, but do not take control.
B. Redefine standards and supervise carefully.
C. Avoid confrontation by not applying pressure; leave situation alone.
D. Incorporate group recommendations, but see that new standards are met.

11. You have been promoted to a new position. The previous supervisor was uninvolved in the affairs of the group. The group has adequately handled its tasks and directions. Group interrelations are good.

A. Take steps to direct subordinates toward working in a well defined manner.
B. Involve subordinates in decision making and reinforce good contributions.
C. Discuss past performance with the group and then you examine the need for new practices.
D. Continue to leave group alone.

12. Recent information indicates some internal difficulties among subordinates. The group has a remarkable record of accomplishment. Members have effectively maintained long-range goals. They have worked in harmony for the past year. All are well qualified for the task.

A. Try out your solution with subordinates and examine the need for new practices.
B. Allow group members to work it out themselves.
C. Act quickly and firmly to correct and redirect.
D. Participate in problem discussion while providing support for subordinates.

Analysis of LEAD Questionnaire

Situation #1

Diagnosis: The group is rapidly decreasing in maturity as evidenced by the sharp decline in performance. The leader may be perceived as permissive because of the high degree of relationship behavior he or she is displaying. The leader's best bet in the short run is to cut back significantly on relationship behavior with the group and increase task behavior; that is, explain what activities group members are to do and when, where, and how tasks are to be accomplished. If the group begins to show some signs of assuming responsibility, the leader can begin to increase relationship behavior and start again to delegate. This is an example of the need for a disciplinary intervention in a regressive cycle.

Alternative actions: The leader would -

A. emphasize the use of uniform procedures and the necessity for task accomplishment.
Rationale
(+2) This action (HT/LR) provides the directive leadership needed to increase group productivity in the short run.

B. talk with subordinates and then set goals.
Rationale
(+1) This action (HT/HR) may be appropriate if the group begins to mature and demonstrate some ability to meet deadlines and accomplish tasks.

C. be available for discussion but not push his or her involvement.
Rationale
(-1) This action (HR/LT) is appropriate for a group moderate to high in maturity with reasonable output, one that is taking some responsibility for decisions, searching out the leader only for special situations. At present, this group does not have that level of maturity.

D. intentionally not intervene
Rationalle
(-2) This hands-off action (LR/LT) will only increase the probability that this behavior will continue.

Situation #2

Diagnosis: The group has been responding well to structured behavior from its leader; the maturity of the group seems to be increasing. The leader, although needing to change his or her style to reflect this increased maturity, must be careful not to increase socioemotional support too rapidly. Too much socioemotional support and too little structure may be seen by the group as permissiveness. The best bet, therefore, is to reinforce positively successive approximations as the group's

behavior comes closer and closer to the leader's expectations of good performance. This is done by a two-step process of, first, reduction in structure (task behavior), and then, if adequate performance follows, an increase in socioemeotional support (relationship behavior). This illustrates the steps in a developmental cycle.

Alternative actions: The leader would -

A. engage in friendly interaction but continue to make sure that all members are aware of their responsibilities and expected standards of performance.

Rationale

(+2) This action (HT/HR) will best facilitate increased group maturity. While some structure is maintained by seeing that members are aware of their responsibilities and expected standards of performance, appropriate behavior is positively reinforced by friendly interaction with the group.

C. do what can be done to make the group feel important and involved.

Rationale

(+1) While this group is maturing, this action (HR/LT) might be increasing socioemotional support too rapidly. It would be appropriate later if the group continues to develop and take more responsibility.

D. emphasize the importance of deadlines and tasks.

Rationale

(-1) This action (HT/LR) reveals no change in leadership style and, as a result, no positive reinforcement is given to the group for improved performance. With no increased socio-emotional support or opportunity to take more responsibility, group performance may begin to level off or decline rather than continue to increase.

B. take no definite action.

Rationale

(-2) This action (LR/LT) would turn over significant responsibility to this group too rapidly. Structure should be cut back gradually with incremental increases in socioemotional support.

<u>Situation #3</u>

Diagnosis: The group, above average in maturity in the past as good performance and interpersonal relations suggest, is now unable to solve a problem and needs an intervention from the leader. The leader's best bet is to open up communication channels again by calling the group together and helping to facilitate problem solving. This is an example of a leader moving back along the curvilinear function appropriately in a regressive cycle.

Alternative actions: The leader would -

D. encourage group to work on problem and be supportive of their

efforts.

Rationale

(+2) This action (HR/LT) allows the group to derive its own solution to the problem but makes the leader available to act as a facilitator or play some role in the decision-making process if necessary.

A. work with the group and together engage in problem solving.

Rationale

(+1) This action (HT/HR) might be appropriate if the group continues to be unable to solve the problem.

B. let the group work it out.

Rationale

(-1) This action (LR/LT) is nolonger appropriate since the group has been unable to solve the problem; some help is needed from the leader.

C. act quickly and firmly to correct and redirect.

Rationale

(-2) This action (HT/LR) is an overreaction since the group has demonstrated maturity in the past and the ability to work on its own.

Situation #4

Diagnosis: Since the leader is considering a major change and the members of the group are mature and respect the need for change, the leader's best bet is to let the group develop its own direction in terms of the change.

Alternative actions: The leader would -

C. allow the group to formulate its own direction.

Rationale

(+2) This action (LR/LT) would maximize the involvement of this mature group in developing and implementing the change.

A. allow group involvement in developing the change but not be too directive.

Rationale

(+1) This action (HR/LT) would demonstrate consideration and allow group involvement in developing the change, and may be appropriate if the change means venturing into areas in which the group has less experience.

D. incorporate group recommendations but direct the change.

Rationale

(-1) This behavior (HT/HR) would not utilize to the fullest the potential inherent in this group.

B. announce changes and then implement with close supervision.

Rationale

(-2) This action (HT/LR) would be inappropriate with a mature group that has the potential to contribute to the development of the change.

Situation #5

Diagnosis: The group is relatively immature, not only in terms

of willingness to take responsibility but also in experience; productivity is decreasing. Initiating structure has helped in the past. The leader's best bet in the short run will be to engage in task behavior, that is, defining roles, spelling out tasks.

Alternative actions: The leader would -

C. redefine roles and responsibilities and supervise carefully.
Rationale
(+2) This action (HT/LR) provides the directive leadership neede to increase group productivity in the short run.

B. incorporate group recommendations but see that objectives are met.
Rationale
(+1) This action (HT/HR) is appropriate for working with people of moderate maturity, but at present this group does not have the ability or experience to make significant recommendations. As the group begins to mature, this may become a more appropriate style.

D. allow group involvement in determining roles and responsibilities but not be too directive.
Rationale
(-1) This action (HR/LT) would tend to reinforce the group's present inappropriate behavior, and in the future the leader may find members engaging in work restriction or other disruptive behavior to gain attention.

A. allow the group to formulate its own direction.
Rationale
(-2) This "hands-off" action (LR/LT) would increase the probability that this behavior will continue and productivity will decline further.

Situation #6

Diagnosis: The group has responded well in the past to task behavior as evidenced by the smoothly running situation left by the last administrator. If the new leader wants to maintain a productive situation but would like to begin humanizing the environment, the best bet is to maintain some structure but give the group opportunities to take some increased responsibility; if this responsibility is well handled, this behavior should be reinforced by increases in socioemotional support. This process should contine until the group is assuming significant responsibility and performing as a more mature group.

Alternative actions: The leader would -

D. get the group involved in decision making but see that the objectives are met.
Rationale
(+2) This action (HT/LR) best facilitates beginning to humanize the environment. Although some structure and direction from the leader are amintained, socioemotional support and group

responsibility are gradually increased by moderate involvement in decision making. If the group handles this involvement well, further increases in socioemotional support become more appropriate.

B. emphasize the importance of deadlines and tasks.

Rationale

(+1) Although this style (HT/LR) would not begin to humanize the environment, it would tend to be a more appropriate initial action than decreasing structure too rapidly.

A. do what can be done to make the group feel important and involved.

Rationale

(-1) Although the leader wants to begin to humanize the environment, this much relationship behavior might be too early; as the group begins to demonstrate some ability to take responsibility, this action (HR/LT) could be more appropriate.

C. intentionally not intervene.

Rationale

(-2) This "hands-off" action (LR/LT) would be too drastic a change from the tight control of the last administrator and would probably be perceived as permissiveness. This action is only appropriate for very mature, responsible groups that have demonstrated ability to structure their own activities and provide their own socioemotional support.

Situation #7

Diagnosis: The group seems to be high in maturity as demonstrated productivity and flexibility in previous operations suggest. Since the leader is considering making major changes in structure and the members of the group have had an opportunity to make suggestions about needed change, the leader's best bet is to continue to keep communication channels open with the group. Some participation with the leader, however, may be needed because the change is venturing into areas in which the group has less experience.

Alternative actions: The leader would -

B. participate with the group in developing the change but allow them to organize its implementation.

Rationale

(+2) This action (HR/LT) would demonstrate participation and focus group involvement on developing change.

D. avoid confrontation, leave things alone.

Rationale

(+1) Once the strategy for the change has been developed and implemented with group involvement, this "hands-off" action (LR/LT) would be appropriate for working with this kind of mature group on a day-to-day basis.

C. be willing to make changes as recommended but maintain control of implementation.

Rationale

(-1) This behavior (HT/LR) would not utilize to the fullest

the potential inherent in this group.
A. define the change and supervise carefully.
Rationale
(-2) This action (HT/LR) would be inappropriate with a mature group that has demonstrated productivity and flesibility. The problem is one of implementing a major change, not one of initiating structure.

Situation #8

Diagnosis: The group is high in maturity, as can be seen from good productivity and group relations. The leader is projecting his or her insecurity to the group; thus, this problem lies within the leader rather that within the group. Therefore, the leader's best action is to continue to let the group provide much of its own structure and socioemotional support.

Alternative actions: The leader would -

A. leave the group alone.
Rationale
(+2) This action (LR/LT) best allows the group to continue to provide its own structure and socioemotional support.
D. be supportive in discussing the situation with the group but not too directive.
Rationale
(+1) At the present time, both output and intervening variables are good; there is not sufficient reason to provide high relationship behavior.
B. discuss the situation with the group and then initiate necessary changes.
Rationale
(-1) At this point there is not indication of a need for change with the group. The problem is one of leader insecurity. No leader intervention is needed.
C. take steps to direct subordinates toward working in a well-defined manner.
Rationale
(-2) This action (HT/LR) would be inappropriate as the group has demonstrated ability in working in a well-defined manner; the problem is one of leader insecurity.

Situation #9

Diagnosis: This group is low in maturity, as can be seen by tardiness in making requested recommendations, poor attendance at meetings, and low concern for task accomplishment. Because members potentially have the talent to help, the leader's best bet in the short run will be to initiate structure with this group, that is, organize and define the roles of the members of the task force.

Alternative actions: The leader would -

C. redefine goals and supervise carefully.
Rationale
(+2) This action (HT/LR) provides the directive leadership needed to unfreeze this group and begin accomplishing its goals.
B. incorporate group recommendations but see that objectives are met.
Rationale
(+1) This action (HT/HR) is appropriate for working with people of average maturity, but at present this group is not behaving with commitment or willingness to take responsibility. Thus, high relationship behavior is not necessary at this time.
D. allow group involvement in goal setting but would not push.
Rationale
(-1) This action (HR/LT) would tend to reinforce the group's present inappropriate behavior.
A. let the group work out its problems.
Rationale
(-2) This "hands-off" action (LR/LT) will only increase the probability that this inappropriate behavior will continue, and requested recommendations will be delayed further.

Situation #10

Diagnosis: This group, usually able to take responsibility, is becoming less mature. This may be partly because the leader has recently structured the group's environment. The leader's best bet now is to keep communication channels open and to delegate more responsibility, but also be sure that the goals and objectives of the organization are maintained by a moderate degreee of structure. Reinforcing positively the group's recent decrease in maturity may only increase the probability that this kind of behavior may continue in the future.

Alternative actions: The leader would -

D. incorporate group recommendations but see that new standards are met.
Rationale
(+2) This action (HT/HR) best handles the recent lowering in maturity of this normally responsible group. While communiucation channels are kept open, structure is maintained by seing that new standards are met.
A. allow group involvement in redefining standards but would not take control.
Rationale
(+1) This action may become more appropriate as the group resumes its previous responsibility.
C. avoid confrontation by not applying pressure, leave situation alone.
Rationale
(-1) This "hands-off" action (LR/LT) will only increase the probability that this behavior will continue in the future.
B. redefine standards and supervise carefully.
Rationale

(-2) This action (HT/LR) would be inappropriate because of the maturity level of the group. Although some structur must be initiated, this action appears to be too drastic for a group usually able to take responsibility.

Situation #11

Diagnosis: The previous administrator left the group alone. Members responded with moderate to high maturity, as average output and good intervening variables reveal. The new leader's best bet is to continue to let the group structure much of its own activities but provide for some focus on improving what is now adequate output. It is also necessary to open up communication channels to establish the position of the leader and gain rapport with this group. As trust and commitment are develeoped, movement toward leaving the group more on its own again becomes appropriate.

Alternative actions: The leader would -

B. involve subordinates in decision making and reinforce good contributions.

Rationale

(+2) This action (HR/LT) best allows the group to derive its own solution to the problem but does not turn thie responsibility over to members completely. While communication channels are kept open, some structure is provided by bringing the group together and focusing on increasing productivity.

D. continue to leave the group alone.

Rationale

(+1) This "hands-off" action (LR/LT) may be appropriate in working with this relatively mature group on a day-to-day basis. If, however, the leader wants to improve the group's handling of tasks and direction, some additional structure may be needed.

C. discuss past performance with the group and then examine the need for new practices.

Rationale

(-1) This action (HT/HR) might be appropriate if a significant problem develops in the handling of tasks and direction. At this point, there is no urgent problem with perfromance.

A. take steps to direct subordinates toward working in a well-defined manner.

Rationale

(-2) This action (HT/LR) would be inappropriate as the group has demonstrated its ability to work in a well-defined manner. There is no significant problem, only a change in leadership.

Situation #12

Diagnosis: The group is high in maturity, as can be seen from its record of accomplishment and ability to maintaine long-term goals. The leader's best bet in the short run will be to let the group members solve their own problems. However, if the

difficulties continue or intensify, alternative leadership styles could be considered.

Alternative actions: The leader would -

B. allow group members to work it out themselves.
Rationale
(+2) This action (LR/LT) best allows the group to derive its own solution to the problem and maintain independence.
D. participate in problem discussion while providing support for subordinates.
Rationale
(+1) For the leader to make a HR/LT intervention now would tend to build dependency on the leader any time there were interpersonal problems within the group. It would become an appropriate intervention if the problem persists or intensifies, since it involves interpersonal relationships.
A. try out solution with subordinates and examine the need for new practices.
Rationale
(-1) This action (HT/HR) is not appropriate at this time since the group has the maturity to solve the problem.
C. act quickly and firmly to correct and redirect.
Rationale
(-2) This action (HT/LR) would be too abrupt with such a mature group. The problem is one of interpersonal relationships, not direction and task accomplishment.

Leadership theory references

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Building Self Esteem in your Workers

Section #1 - lecture material

Lesson Plan - Self Esteem

I. Objectives

The participant will be able to:

A. Discuss how self esteem is related to motivation.

B. Discuss Korman's findings relating to self esteem and performance.

C. Identify ways in which charge nurses can build self esteem in their workers.

II. Teaching methods

Lecture - accompanied by transparencies
Exercise on building self esteem, followed by group discussion

III. Content and Hours Total hours - 40 min.

A. Relationship between self esteem and motivation. 1/2 hr.
B. Discussion of performance as it relates to esteem.
C. Review of Korman's findings about performance.
D. Application of the theory by charge nurses.
E. Exercise on building self esteem. 10 min.

Building Self Esteem in your Workers

The desire for self esteem or self respect is thought to be a basic human need. According to Maslow's hierarchy of needs, self esteem may be seen as a higher order need. It may not be as important to a person who has great physiological or safety needs, but to someone who has these needs met, it may be very important. In Alderfer's ERG theory, self esteem may fall under growth needs. However, as described in his theory,you may have existence or relatedness needs in addition to self esteem needs. McClelland's theory also incorporates the need for self esteem. Self esteem can be seen in any of his three basic need categories. Herzberg's two factor theory views self esteem as a satisfier. Enhancement of self esteem may lead to job satisfaction. Many people, if asked what has satisfied them most in their working lives will tell you about some challenging assignment or task they accomplished successfully. This accomplishment led to increased self esteem and increased job satisfaction.

Process theories of motivation also include self esteem. In equity theory, decreased self esteem may be the result of felt inequities. This decreased self esteem may cause a person to react in several different ways to reduce the inequity. In Vroom's expectancy theory, self esteem may be valued by the worker and may be a desired outcome from their work efforts. The value a person places on self esteem may influence his work

performance. If valued, performance may be high, if not, then performance may be poor.

Whichever theory of motivation charge nurses believe in, and use to guide their behavior, self esteem will play a part. Workers who have high self esteem are more apt to be more productive, energetic workers than those with low self esteem. McFarlin and Blascovich (1981), found that both high and low self esteem persons prefer to succeed, but people with high self esteem expect to succeed more that those with low self esteem. The more self-confident people feel, the better they will perform. Absenteeism, poor performance, "attitude problems", and employee turnover may all be signs that workers' self esteem needs enhancing. Also, if staff members feel alienated from the hospital they work in, they'll only invest the minimum effort needed to perform their tasks.

A charge nurse that wants to improve the motivational climate of her unit will not ignore the self esteem of her workers. Many people lack a strong belief in their own self worth and need to have it confirmed by someone else. The amount of time we spend at work makes it an important aspect of our lives and how we are valued at work may affect our feelings of self worth.

Building self esteem in workers must be done on an individualized basis; what one worker needs, another worker may not need. Abraham Korman (1971), has reported several findings about self esteem that may be helpful for charge nurses to

remember :

1. Persons who are told they are incompetent to achieve a task, even though they previously had no experience with that task, will perform worse than those who are told they are competent to achieve the task.
2. Self-perceived ability based on previous performance is positively related to later performance.
3. The more an individual has failed in the past, the less likely he will aspire to in the future.
4. Groups that have failed previously, set their goals in ways that increase the probability of their failing again.
5. Individuals and groups of low self esteem are less likely to achieve difficult goals they have set for themselves than individuals of high self esteem.

Charge nurses need to treat workers in ways that will lead them to perform at what they are capable of achieving. If their expectations are high, then workers will tend to perform higher. If their expectations are low, then poor performance may be the result. To build self esteem, charge nurses need to make sure that both what they say and how they act are congruent. If you say you expect high performance, but treat workers as if they are incapable of performing to your standards, you will only cause workers to doubt their competence. You need to instill confidence in your workers, to produce the desired outcome, which in turn will build self esteem.

Section #2 - Sample format for transparencies

"Being a Somebody is a fundamental, universal and pervasive human need"

St. John

"If you treat a person as he is, he will continue as he is, but if you treat him as he is capable of becoming, he will become what he is capable of becoming"

Goethe

"No one is an average person"

Section #3 - Handout and references

Exercise on Building Self Esteem

The following is a list of statements that may decrease workers' self esteem or build it up. Check each statement you feel will decrease self esteem.

1. This was your third medication error.

2. When you have as much experience as Captain Smith, then you'll understand.

3. You didn't give Ms. Jones two days off per week according to this schedule.

4. I don't think you'll be able to handle that patient, but you can go ahead and try.

5. From the questions you've raised about chemotherapy, I feel you need more practice in this area.

6. You were an hour late on Mr. Tippetts dressing change this morning.

7. What led you to that conclusion?

8. You just don't understand.

9. What suggestions do you have to prevent this problem from occurring again?

10. You can't be serious about that idea.

11. I really thought you knew what you were doing.

12. If you'd listen to what I'm saying, you'd understand.

13. Young lieutenants just aren't ready for that kind of assignment.

14. How do you think we should work this out?

15. Why do you think your problems are more important than other staff members' problems?

Self Esteem References

1. Korman, A. (1971). Industrial and Organizational Psychology. New Jersey: Prentice Hall.

2. McFarlin, D.B. & Blascovich, J. (1981). Effects of self-esteem and performance feedback on future affective preferences and cognitive expectations. Journal of Personality and Social Psychology, 40, 521-531.

Setting Goals

Section #1 - lecture material

Lesson Plan - Setting Goals

I. Objectives

The participant will be able to:

A. Identify and explain characteristics of effective goals.

B. Develop at least three effective goals relating to their work environment.

C. Discuss the concepts involved in management by objectives.

D. Explain the advantages and disadvantages of the management by objectives system.

II. Teaching methods

Lecture - accompanied by transparencies
Exercise on goal setting, followed by group discussion

III. Content and Hours — Total hours - 1 hr. 20 min.

A. Locke's predictions regarding goal setting — 30 min.
B. Characteristics of goals
 1. Discussion of characteristics
 2. Application to actual work situations
 3. Questions charge nurses can ask in formulating goals
C. Management by objectives — 30 min.
 1. Origin
 2. Basic concepts
 3. Advantages
 4. Disadvantages
 5. Implementation and preparation
D. Exercise on goal setting — 20 min

Setting Goals

A. Goal Setting theory

Goal setting is the process of developing, formalizing, and agreeing on the objectives a staff member needs, in order to achieve a desired level of performance.

As a result of his research, Edwin A. Locke developed several predictions regarding goals and their relationship to motivation:

1. Difficult goals will lead to higher performance than will less difficult ones.
2. Specific goals will lead to higher performance than will vague or very general ones.
3. Task relevant feedback, or knowledge of results, will motivate people toward higher performance when it leads to the setting of higher performance goals.
4. Goals will motivate people toward higher performance only when they are accepted.

The first prediction appears to coincide with building self esteem. If workers are given difficult goals and are given the confidence and support to accomplish these goals, they will lead to higher performance. However, if workers are given difficult goals, but charge nurses don't provide the emotional support needed to encourage their people, then performance may be poor.

Prediction number two is an important statement to remember, especially when dealing with inexperienced or immature workers.

These workers need specific goals to keep them on track, moving in the right direction.

The importance of prediction number three will be shown in the next section on feedback.

The fourth prediction supports the concept of management by objectives, which will be discussed shortly.

B. Characteristics of Goals

As stated earlier, goals need to be specific enough so that workers know what they are trying to achieve and how they can get there. Goals need to be clearly stated so that there is no misunderstanding as to what is expected of staff members. If your staff members don't completely understand what is expected of them, they can't justifiably be held responsible when goals aren't achieved. Goals also need to be clearly measurable. Making goals without a reasonable method to evaluate them is a waste of time. You need to decide what you are going to measure, how you're going to measure it, and when it will be measured. Depending on the maturity and experience level of your staff, you may need to monitor activities frequently or minimally. In most cases, ignoring workers' activities until the date when goals are to be accomplished will only lead to problems. Some very mature workers may be able to work on their own without any feedback or communication, but most workers will need some communication and followup. Charge nurses need to look at each individual person and their ability to accomplish goals to decide how much and what

type of followup will be needed.

It may be helpful for charge nurses to evaluate objectives, to see that they meet basic criteria, before making final goals. The following list provides some questions a charge nurse should ask when formulating goals and objectives:

1. Is this goal realistic? Is it difficult enough to challenge the worker, but still attainable?
2. Are objectives clear and concise, easily understood?
3. Are they measurable? Are the ways in which they will be measured realistic? What criteria are being used for measurement?
4. Has a target date been set for achievement of goals?
5. Do these goals and objectives support the overall goals of the institution?
6. Do staff members agree to and support these objectives?

By asking these questions before finalizing goals and objectives, charge nurses will have well developed plans to accomplish what is important to them, their staff members, and their organization.

C. Management by Objectives

Peter Drucker developed the concept of management by objectives (MBO) in the 1950's. Management by objectives is a process whereby staff members and their charge nurses set goals jointly, to meet both personal and organizational needs. In this system, staff members may decide on their own goals and may even

measure their own achievement toward reaching these goals. Staff participation in goal setting allows them to have some control over their work environment, greater satisfaction when their goals are achieved, and thereby increased motivation to do "a good job".

Goal setting needs to become routine to staff members, not just something done once a year with their charge nurse. By learning to set both short term and long term goals, staff members will be able to plan work activities in an organized, efficient manner. According to Drucker, risk taking decisions are made following a system of analysis. First, information is gathered to predict the outcomes of various actions, then the most desireable of possible objectives is chosen systematically. Then the best method to reach these objectives is chosen, and finally, measurement of results is accomplished. Staff members at all levels can use this system to make decisions in their work environment as well as in their personal lives.

If used consistently, Management by Objectives can improve the work environment for all employees. It can increase organizational efficiency since staff members are able to design their own work activities. Who know abilities, needs and interests better than the individual himself? Charge nurses who assist their staff members in setting goals will be sure that those who need guidance are moving in the right direction. The charge nurse doesn't set goals for her staff, she acts as a mentor or advisor, allowing staff members to make decisions for

themselves as much as possible. For mature workers, MBO is an excellent system, allowing them the freedom they may desire, yet providing them assistance when needed.

MBO helps employees to take on more responsibility for their work, encouraging them to make decisions and changes for themselves. MBO may improve performance since staff members will be more dedicated to goals they have developed. Self esteem will increase since workers have the opportunity to participate more fully in their development and their work environment. As they achieve their goals and self esteem is enhanced, they will be more inclined to participate in future goal- making.
MBO can be very effective in complex, changing environments found ir medical centers or teaching institutions. Many times, employees are resistant to change because of the uncertainty it produces. One way to reduce the uncertainty is to involve staff members in the change, giving them the chance to have some control over the change. MBO allows them to have some influence in decisions concerning change and allows them to communicate their needs and fears.

MBO also provides direct benefits for the charge nurse. Relationships between the charge nurse and her staff are strengthened as understanding between both parties improves. Also, charge nurses will be more willing to delegate tasks and responsibility to staff members and, in turn, staff members will learn management skills needed for future career positions. The charge nurse may be able to decrease her workload of items not

needing her individual attention, while allowing staff members the opportunity to learn new skills.

Management by Objectives can be used at all levels in an institution, by all levels of staff members. It can be used for long range planning or for short term planning. It can be used for individuals, small groups, or whole departments. It is an easy, flexible type of system that can be adapted to fit most situations.

Before implementing an MBO system, charge nurses need to prepare their entire staff. They need to make sure their staff members understand the purpose of the system, what changes will be made, and what is expected of them. Less mature staff members may need a lot of support in the initial stages of implementation to become secure in making decisions for themselves. With proper preparation, Management by Objectives can be an effective management philosophy that will increase performance and morale in an organization.

Section #2 - Sample format for transparencies

Locke's Goal Setting

1. Difficult goals ⟶ Higher performance

2. Specific goals ⟶ Higher performance

3. Task relevant feedback ⟶ Set higher goals ⟶ Higher performance

4. Accepted goals ⟶ Higher performance

Characteristics of Goals

1. Realistic

2. Specific

3. Clear and concise

4. Measureable

5. Accepted by staff members

6. Target date for accomplishment

7. Support the mission of the organization

Management by Objectives

1. Goals set jointly

2. Staff members have some control

3. Increased motivation

Section #3 - Handout

Exercise on Goal Setting

This exercise was designed to help you develop skills in goal setting. The statements provided are poorly written goals, please rewrite each statement to make it more effective.

1. The charge nurse of the surgical ward says to her staff nurse, "I'd like you to improve your dressing changes".

2. A 2nd lieutenant in the ICU states, "I'm going to improve patient care in this unit".

3. The chairman of the maternal-child department says to the charge nurse of the pediatric unit, "We need to make some important changes on your unit, let's get together soon".

4. The commander of the medical center says to the chief nurse and department chairman, "This hospital isn't operating efficiently enough and this needs to be improved quickly!"

5. The senior resident in medicine says to the first year resident, "I want you to find out what we can do about the care on this medical unit".

6. During a staff meeting on the postpartum unit, staff nurses state that one of this year's goals should be to improve patient education.

Feedback

Section #1 - lecture material

Lesson Plan - Feedback

I. Objectives

The participant will be able to:

A. Differentiate between poor feedback and effective feedback.

B. Explain how positive feedback should be used and how to provide it to staff members.

C. Explain at least three factors that may be helpful to consider when giving positive feedback.

D. Decide when to give constructive feedback and how to give it.

II. Teaching methods

Lecture - accompanied by transparencies
Exercise on effective feedback

III. Content and Hours Total hours 1 hr.

A. Introduction and description of feedback
B. Positive feedback 30 min
 1. Discussion of guidelines that may be used
 2. Advantages of using positive feedback
C. Constructive feedback
 1. Discussion of guidelines
 2. Discussion of effects of constructive feedback
D. Application to actual work situations 20 min.
E. Exercise on effective feedback 10 min.

Feedback

Feedback can be described as information about an individual's behavior that can be used to maintain or improve performance. It is not a statement made to satisfy anger or personal need, but is made to help an individual become aware of his performance and how it affects the work environment. Giving feedback can build self esteem when charge nurses provide positive comments about work their staff members have done. When positive feedback is given, workers are given recognition for a job well done and know that they are appreciated. It may be the boost that an employee needs to keep going when work gets stressful or when they are having personal problems. The following list provides some guidelines for positive feedback :

1. Don't give positive feedback unless it is truly deserved. Staff members know when praise is insincere and self esteem can be ruined by constant positive feedback; they know when they aren't deserving of it.
2. Giving positive feedback in front of other staff members, patients, or others can be an enormous esteem builder. It may also cause resentment if others feel inequity exists, so remember guideline #1.
3. Provide the opportunity for staff members to do a good job in some area of their work. Never having the opportunity to "shine" at anything leads to low self worth.
4. When staff members are given an especially challenging or

difficult assignment, positive feedback on work as it is progressing may help them to maintain high performance and achieve their goals.

Constructive feedback is often seen as negative feedback since many workers have a hard time accepting criticism about their work. The manner in which constructive feedback is given will often influence how it is accepted by staff members. If given in a nonjudgemental, well thought out manner, it will have a greater chance of being accepted. The following list provides ideas for constructive feedback :

1. Don't beat around the bush. Come to the point and tell staff members what you want to discuss with them.
2. Make your feedback as specific and clear as possible. Focus on behavior, not attitudes or personality. Give them examples, if possible, of situations that have occurred.
3. Use effective communication.
4. Schedule an appropriate time to give feedback, when the worker will be ready to accept it. Don't pick a time when the person is pre-occupied by other problems or under undue stress. Allow ample time for discussion in private surroundings.
5. Be certain that feedback you are giving is based on fact and not rumors or second hand opinion. If you have not witnessed the behavior yourself, then you need to make sure it has indeed occurred.
6. Allow your staff members a chance to offer explanations for their behavior, there may be instances where your interpretation

is different from theirs and they may have an acceptable reason for their behavior.

7. Recognize and respect your staff members' reaction to constructive feedback. Accept that they may be defensive or angry and don't pretend you don't see it.

8. Be careful in giving constructive feedback about behavior the worker won't be able to improve or change.

9. When discussing problems, attempt to come to an agreement with your staff member as to what the problem is and how you can solve it. Allow staff members the opportunity to communicate what they see as realistic solutions to the problem.

10. Conclude your discussion by summarizing what you have talked about. Be certain both you and your staff member understand what specific behaviors need changing, how changes are to be made, and when you expect to see improvements. Management by Objectives may be very helpful at this time.

11. Be sure to follow-up with workers to evaluate progress being made. Target dates for follow-up should be decided upon before concluding your discussion.

Following these guidelines will make discussions more productive, saving time and increasing understanding of all individuals involved.

Like goal setting, feedback can be used by all levels of staff members at all levels in an organization. Effective feedback improves the work environment by offering employees an honest, objective look at their work. Workers will know that

what they do is important to the organization and their peers and will therefore be motivated to put forth their best effort.

Section #2 - Sample format for transparencies

Effective Feedback

1. Specific and clear
2. Focus on behavior
3. Given at an appropriate time
4. Maintains/Improves performance
5. Builds self esteem
6. Not a personal attack

Workers who receive no feedback
are left wondering whether anyone
notices their efforts.

Section #3 - Exercise on feedback

Exercise on Effective Feedback

The following list contains statements that may be heard frequently in a work environment. Some of these statements do not concentrate on behaviors, but rather on attitudes or personality, or are too vague to be effective. Select those statements that you feel <u>are not</u> examples of effective feedback.

1. Good job.
2. You have an attitude problem.
3. Do your best.
4. Pass out these forms to all staff members.
5. Concentrate on your work.
6. You're so down all the time.
7. Be ready for report at 0645.
8. Enjoy this assignment.
9. That was an excellent decision.
10. Be appreciative of others.
11. You're too immature.
12. Turn in this form by Friday.
13. You're too critical of others.
14. You need to attend staff meetings.
15. Be proud to work here.

Effective Communication

Section #1 - lecture material

Lesson Plan - Effective Communication

I. Objectives

The participant will be able to:

A. Differentiate between effective and efficient communication.

B. Recognize formal communication from informal communication.

C. Identify the advantages and disadvantages of both formal and informal communication.

D. State at least three forms of nonverbal communication.

E. Explain the importance of nonverbal communication.

F. Identify components of attending skills.

G. Explain why attending skills are important.

H. Identify door openers and explain how they can be used to encourage communication.

I. State at least two examples of minimal encourages.

II. Teaching methods

Lecture - accompanied by transparencies
Group discussion
Exercise on nonverbal communication

III. Content and Hours Total hours - 1 hr. 35 min.

A. Introduction total lecture time - 1 hr. 5 min.
B. Effective vs. efficient communication
 1. Description of each
 2. Advantages and uses of each
C. Formal vs. Informal communciation
 1. Description of each
 2. Advantages and disadvantages of each
D. Nonverbal communication
 1. Importance
 2. Types of nonverbals and what they tell us
  a. facial expressions
  b. eye contact
  c. body movements and posture
  d. personal grooming
E. Importance of listening

1. Active listening
2. Attending skills
   a. discussion of different attending skills
   b. importance of using attending skills
3. Psychological attention
   a. description
   b. importance
4. Door openers and minimal encourages
   a. description of door openers
   b. use of door openers
   c. description of minimal encourages
   d. use of minimal encourages

F. Group exercise on nonverbal communication and discussion (30 min).

Effective Communication

Although people communicate daily, most people don't communicate well. Face to face verbal communication should be the best method to convey important information and feelings, yet many misunderstandings result from this form of communication. Poor communication may lead to problems in the work environment, such as errors, low motivation and poor morale. Eighty percent of the people who fail at work do so because they don't relate well to other people (Bolton, 1979).

A. Effective and efficient communication

Effective communication occurs when both the sender and the receiver of information are hearing and perceiving the same meaning from the message being sent. When feedback is given, it is apparent that each person understands the message sent by the other.

Efficient communication is used when there are time constraints, however, it may not be effective. For example, monthly staff meetings may be the only way that a charge nurse can relay new information and changes to all employees. If she met with each staff member individually, communication may be more effective, however, this may not be a realistic approach. Very few charge nurses will have the time to meet with each staff member to relay all new information on a daily, weekly, or even monthly basis. Charge nurses need to weigh the costs and benefits of each type of communication to decide which type will

meets her needs at a particular time.

B. Formal versus informal communication

Formal communication follows the chain of command. It may be described as the official channel of communication, one that is used frequently in the military today.

Informal communication occurs outside this chain of command. This may be communication between peers or different levels in the chain of command. The "grapevine' is an important example of informal communication. Unfortunately, in many bureaucratic organizations, the grapevine provides information faster than the formal chain of command. This is not a problem if the information is correct and timely, but often it is just gossip or rumor. Charge nurses need to know what grapevines exist within their units and between departments, who key figures are, and how to get the proper information to these people. The grapevine can help the charge nurse convey information or it can disrupt effective communication and cause havoc to occur on a unit.

C. Nonverbal communication

Nonverbal communication is any communication other than verbal or written. Messages are often sent by facial expression, gestures, or eye contact. A person's behavior often gives us clues to what they are feeling and how they are coping with these feelings. For example, a person's facial expression may show that she is angry and her stomping down the hallway is a way for

her to vent this anger. Many times people will say they feel one way about a topic, yet their nonverbal communication will say the opposite. What people are afraid to say face to face may show up in body language.

As charge nurses, you can learn a lot about your staff members and how they feel by watching their nonverbal communication. You'll often get clues from body language when people are upset, before they come forward to discuss what is bothering them. It may be helpful to focus on nonverbals when talking with your staff, since this will add to your understanding of their feelings.

The first thing many of us notice when picking up on nonverbal communication is facial expressions. If you look closely, you can see many emotions reflected in facial expressions - ranging from sadness to enthusiasm to fear. Watch your staff members faces when you're involved in conversations and you may pick up on areas of interest or importance to them. Changing facial expressions during conversations will clue you in to a change in feelings. For example, a nurse's face may light up when you mention a particular project. This may tell you that she is interested in working on that project. Lower ranking technicians and nurses may be afraid to communicate true feelings to supervisors, but their facial expressions may give them away.

Many people say that the eyes don't lie and that true feelings are expressed through them. We have all seen eyes filled with tears of sadness or joy and then also seen eyes full

of hatred and hostility. Many of us have seen avoidance of eye contact when people are lying or trying to withdraw from a situation. Watching people's eyes may provide you with more information than you ever realized.

Not only does a person's face display their feelings, but body movements and posture do also. Most people can recognize the signs of boredom - slumped posture, fidgeting in our seats, or nodding of the head. Posture may also reveal how a person feels about herself - walking tall and confident, or slouched and unsure. Watching body language and how it coincides with verbal communication may answer questions for you about a person's behavior and feelings.

There are also other nonverbals that may be important to charge nurses. Personal grooming, for instance, may be communicating something about staff members. A staff member who consistently doesn't follow 35-10 regulations for dress is communicating her feelings about some aspect of Air Force life. The staff nurse who has a meticulously clean work area communicates another message. Changes in these habits may signal changes or problems your staff members are trying to deal with. Think about your own personal grooming habits and office environment and what you may be communicating to others.

When involved in verbal communication you may not always be aware of nonverbal signs, but your body may pick up what others are feeling. For example, when listening to an argument between two people, your body may react by becoming tense, heartbeat

increasing, and your face becoming flushed . You may feel defensive as you identify with a person who is being critized. Both of these examples show that while you consciously aren't picking up clues, you are still absorbing them and your body reacts as if you are paying close attention to them. Becoming aware of how your body is reacting and why, may bring you in tune with others' feelings.

Nonverbal communication is an important type of communication and if charge nurses learn how to use it, they may be able to improve understanding among all workers. Initially, it may take a lot of practice to learn to focus on nonverbals, but once the skill is developed, it will become a part of your everyday habits. Combining effective communication skills with other techniques such as goal setting and feedback will lead to higher levels of productivity, increased understanding, and improved motivation on your unit.

D. The importance of listening (Bolton,R. (1979). People Skills. New York: Simon and Schuster, Inc.

People may choose their words carefully, being as specific and clear as possible, but if the receiver of the message isn't listening to the sender, there will be a gap in communication. Unfortunately, few people are good listeners. Rarely do people listen attentively to what others are saying. We spend hours every day listening, yet much of what we hear is really not fully received.

Charge nurses need to learn how to listen to others since communication is such an important aspect of their job. Whether you call it active, attentive, or effective listening, you need to process the message others are giving you. Communication is particularly critical in an area such as health care where people's lives may be affected.

1. Attending skills

There are several skills that can be learned to help you become a better listener. The first is the attending skill. Bolton (1979), describes attending as giving physical attention to another person. It shows a person that you're interested in him and what he has to say. Attending skills include a posture of involvement, appropriate body motion, eye contact, and a nondistracting environment.

As we discussed earlier, the body often gives clues as to what a person is feeling. You can learn to use your body posture in ways to facilitate conversation. Bolton (1979), suggests several ways to promote communication :

1. Relaxed alertness - this communicates attentiveness.
2. Inclining your body toward the person speaking - this communicates more attention than leaning back in your chair or slouching.
3. Face the other person squarely, be at eye level if possible.
4. Maintain an open position with arms and legs uncrossed.
5. Be at an appropriate distance from the speaker - too much distance may impede communication, while being too close may

cause anxiety.

Try these techniques the next time you're involved in a conversation with someone and watch what happens. If you have the chance to try them in a lecture setting, you may be able to see some amazing results. Many speakers will focus more attention toward those listeners who use these attending skills.

Bolton (1979) states that a good listener moves his body in response to the speaker. He suggests that ineffective listeners move their bodies in response to other stimuli that are not related to the talker. Some examples given are: cracking knuckles, jingling money, crossing and uncrossing legs, and drumming fingers. These types of body movements can be very distracting to a speaker. People prefer to speak to listeners who aren't rigid and nonmoving, but who move in a natural, casual way.

Eye contact can give a speaker the cue to continue expressing himself or can relay the message that the listener is not interested in what is being said. Listeners may unconsciously give the message that they aren't listening when they're distracted by what is going on around them. For instance, darting your eyes about the room may give whomever you're talking to the impression that you aren't listening. Many people find it uncomfortable to maintain eye contact, yet avoiding eye contact may be perceived as a put down to the speaker. Bolton (1979) suggests a balance between focusing on the speaker and occasionally shifting your gaze to other parts of

the body.

Those that are uncomfortable with eye contact need to practice the skill to overcome their inhibition. Gradually, with practice, good eye contact will become a day to day skill that improves communication and understanding with all workers. Good eye contact can help to increase workers' self esteem since they will sense your concern and interest in them.

A nondistracting environment will offer a person your undivided attention. You should choose a quiet office or room to have important discussions with your staff members. If this is not possible, good eye contact will help to show your interest in what they are saying. Also, it is often helpful to remove physical barriers within your office. If possible, sit beside your staff members when having conversations. A desk placed between you and a staff member may decrease communication. Bolton (1979), states that a desk is often associated with a position of authority and may cause staff members to have feelings of weakness or hostility. Depending on the type of discussion you're having, you may want to impose a barrier of authority.

All of these attending skills help to improve communication by showing your interest in the person who is speaking. By paying close attention to and improving upon these skills, charge nurses may open up the lines of communication with their staff members and in the long run improve motivation and morale on their units.

2. Psychological attention

Bolton (1979), states that "what a person wants most of all from a listener is a sense of psychological presence". The preceding attending skills help to foster psychological presence, but it is an individual's choice whether they really want to be there for the speaker. People are unable to fake when they aren't really concentrating on a speaker's message - it can be seen on their face and body. I'm sure most people have had the experience of talking to someone who wasn't really there, although they assumed an attending posture. Bolton concludes, that no attending technique will work without psychological presence.

3. Door openers and minimal encourages

Bolton describes a door opener as a "noncoercive invitation to talk". Often, people are afraid to come right out and discuss what is on their minds. By using a door opener you can encourage the other person to talk. Some examples of door openers are:

1. You look happy today.
2. You seem worried, care to talk about it?
3. Is there something on your mind?

Along with an invitation to talk, door openers should allow some silence to give the other person a chance to decide whether they want to talk or not. You should also use attending skills to show that you're interested and concerned about the other

person. Most people reluctant to express themselves will open up when these skills are used. Try using this approach with shy, quiet staff members and see how well it works. People are encouraged to talk when you express an interest in them.

According to Bolton, minimal encourages are brief indicators that let the speaker know that you are with them. The word minimal refers to the amount the listener says and the amount of direction given to the conversation, both of which are very little. Minimal encourages do exactly what you expect, encourage the speaker to continue speaking by using just a few words. Some examples of minimal encourages are:

1. Oh?
2. Go on.
3. Yes.
4. Really?
5. For example.

These can be very helpful in discussions with staff members. Minimal encourages will help them to further express their feelings. Their self esteem will be lifted when they see that you are following them and are concerned about their problems. These few words don't relay whether you agree or disagree with what they are saying, they only let the speaker know that you are listening to what is being said.

It is important to use both door openers and minimal encourages appropriately. Overuse of either of these techniques will cause workers to feel as if you're just using them

mechanically and not really listening to them.

All of the skills in this section will improve communication between people and can be used at all levels of an organization. Charge nurses, because of their position and influence, need to be effective at both sending and receiving messages. By practicing the skills discussed and also keeping in mind the importance of nonverbal communication, charge nurses can build an atmosphere where staff members feel comfortable in discussing feelings and problems.

Section #2 - Sample format for transparencies

Effective Communication ----- Understanding

Efficient Communication ----- Time Constraints

Formal Communication ----- Chain of Command

Informal Communication ----- Grapevine

Nonverbal Communication

1. Facial expression
2. Gestures
3. Eye Contact
4. Body Language
5. Personal Grooming

Attending Skills

1. Relaxed alertness
2. Inclined body
3. Face squarely
4. Open body posture
5. Appropriate distance
6. Eye contact
7. Nondistracting environment

Door Openers

1. Noncoercive invitation

2. Provide silence

3. Use attending skills

Minimal Encourages

1. Few words

2. Encourage speaker to continue

3. Indicates you are following the conversation

Section #3 - Exercise and references

Exercise on nonverbal communication

Together, with other members of your group, discuss the following situations.

1. You're charge nurse on the medical unit. You are discussing career planning with one of your 1st. lieutenants. She states that she wants to make the Air Force her career. She appears enthusiastic when discussing career options, but as you start to discuss PME she becomes quiet, starts biting her fingernails and looking down. What would you think of this nonverbal behavior and what would you do?

2. You're the charge nurse in the CCU. You have a new nurse assigned to the unit, who has previously worked in the telemetry unit. She has just finished her orientation period and is now working on her own. She has done an excellent job, has good technical skills and the patients and staff enjoy her. Yesterday one of her patients died during a code. She did an excellent job during the code, performing efficiently and confidently. Today, she is behaving differently. Her hands shake as she performs tasks and she goes back and double checks on technicians' work. She appears tense, sitting on the edge of her seat constantly watching her patients, even when she's supposed to be taking a break. What could this nurse's nonverbal behavior be telling you and what would you do?

3. Captain Evans is a senior captain working in the surgical unit. She has been the model Air Force officer, with good leadership and communication abilities. She always appears confident, dresses according to 35-10 regulations, and usually has a smile on her face. In the past few weeks you've noticed she's been late for report in the morning. She frequently comes to work in wrinkled uniforms and her eyes are often red and puffy in the morning. A new class of nursing interns are going to start on your unit next week and Capt. Evans has always been a preceptor. What are your thoughts about this situation and what would you do?

References for effective communication

1. Bolton, R. (1979). People Skills. New York: Simon ans Schuster, Inc.

2. Schermerhorn, J.R., Hunt, J.G., & Osborn, R.N. (1985). Managing Organizational Behavior. New York: John Wiley & Sons, Inc.

3. The Tongue and Quill. (1982). Maxwell AFB: Air University.

Resisting Change

Section #1 - lecture material

Lesson Plan - Resisting Change

I. Objectives

The participant will be able to:

A. Identify and explain the three stage process of change.

B. Identify at least three causes for resistance for change.

C. Discuss the importance of implementing change in an appropriate manner.

D. Identify at least five steps that can be used to reduce resistance to change.

E. Apply concepts learned in this section to their work environment.

II. Teaching methods

Lecture - accompanied by transparencies
Group exercise on change, followed by discussion

III. Content and Hours — Total Hours - 1 hr. 10 min.

A. Introduction
B. Stages of change — 15 min.
   1. Unfreezing
   2. Implementation of change
   3. Refreezing
C. Causes for resistance — 15 min.
   1. Individual reasons to resist
   2. Uncertainty
   3. Change is opposite of current practices
   4. Change brought on by management
   5. Change in political structure
   6. Change in power
   7. Manner in which change is implemented
D. Steps to reduce change — 20 min.
   1. Upper management support
   2. Involve staff
   3. Provide information
   4. Emphasize positive aspects
   5. Implement smoothly
   6. Consider the timing
   7. Be aware of nonverbals
   8. Be flexible

9. Reinforce positive behavior
10. Allow time for problems to smooth out
11. Provide for followup and feedback
12. Recognize when change has failed

E. Exercise on nonverbal communication, followed by discussion 20 min.

Resisting Change

Change is inherent in any organization, especially in Air Force medical facilities. In many instances, organizations will remain stable for a period of time and then go through massive changes. The complexity of the health care environment, with new technology, improved information systems, computerization, and increasing social and ethical problems, causes change to occur frequently. In the military, there is even more change, due to reassignment of personnel every few years. Charge nurses are in a position to institute needed changes and to make these changes occur as smoothly as possible. When changes occur, the working environment can improve immensely or chaos can result. In order to make effective changes, it is important to understand change, how to prepare people for it and why workers may resist it.

A. Stages of change

Kurt Lewin, a psychologist, describes change as a three stage process. The first stage is called unfreezing and is really preparation for change. Unfreezing weakens the feelings and attitudes toward the present situation so workers will feel a need for change(Lewin,1952).

Unfreezing may be brought about from discontented workers, supervisors, outside agencies(such as JCAH), or other groups within the health care environment. The reason a charge nurse may need to institute change may include such items as declining

performance, increase in errors, pressure from higher management, or changes in technology. Unfreezing will assist the charge nurse in carrying out plans smoothly. In order for workers to accept change, they need to feel that they can change the present situation and that their work environment will be improved with these changes. Altering workers' attitudes toward the status quo is the first step in making effective changes.

The second stage of change involves actual implementation of the change. This may involve a multitude of alterations in the working environment, from changes in patient care practices to introduction of new technology. Lewin feels that this stage is often entered into too quickly, without sufficient preparation. He feels this may ultimately cause more resistance to the change since unfreezing is not fully accomplished.

The final stage of change is the refreezing process. It is during this stage that new behaviors, procedures, techniques, etc., are integrated into the familiar routine. During this process modifications may be made to make the system flow more smoothly. Positively reinforcing desired behavior will help to freeze the change. Charge nurses need to support their staff members when problems arise and give them feedback on progress. Without proper support, changes may be abandoned and workers may go back to prior behaviors or methods (Lewin,1952).

B. Causes for resistance

There may be many causes for resistance to a particular change, and individual workers may have their own personal reasons for resisting change. Resistance to change should always be expected. Charge nurses may institute a change that they feel offers outstanding benefits for their staff members, yet almost always, someone will disagree with their view.

One of the most common reasons for resistance to change is uncertainty, since workers are often unsure of the effects that change will have upon their working environment. Changes may not only affect how work is done, but they may also change working relationships or even areas of a person's life outside of work. Any change is going to require an adjustment in some area of the work environment, and this poses a possible threat to workers. Workers who have a strong investment in the present work environment may be more resistant to the change than others.

Resistance may be strong when the proposed change is opposite or very different from current practices. People become secure in a well established environment and will fight change just because it is thought of as something "bad".

Change brought on by management is often one of the most fiercely resisted change. Workers often view this change as management not being satisfied with their present performance. Change brought on by management threatens workers' security and esteem needs (Wiley,1976). Workers may also be very resistant if the person making the change is not respected or trusted by them.

Charge nurses, who in the past, have ignored workers' needs will have a more difficult time instituting changes on their unit.

A change in the political structure of a unit may be cause for resistance. Power seeking is often seen in large organizations, particularly the military. Those who hold positions of power may not want to risk a change that will decrease their power or status.

Although everyone within the health care organization shares the same goal of quality patient care, different departments may establish their own ambitions or dynasties within the organization(Stevens, 1980). Stevens(1980) feels that nurse managers need to recognize the variances among groups or departments within the hospital. She also feels that the nurse manager needs to learn how to be an effective politician. She may have to use compromise or trade-offs to get support from other hospital departments for changes she wishes to make.

Charge nurses should expect some resistance to any change, but when major changes are made they should expect even stronger resistance. The more a change alters the working environment, the more it will be opposed (Robinson, 1977).

The manner in which changes are instituted may have a significant effect on how they are accepted. Charge nurses who are sensitive to staff reactions and pick up on nonverbal cues will know what areas are of concern to their workers. Planning change carefully, before introducing it to staff members, will help charge nurses to identify possible areas of difficulty.

C. Steps to reduce change

There are several general guidelines charge nurses can follow when planning change on their unit. The following list provides some areas that charge nurses should examine closely when planning and instituting change:

1. Make sure upper management supports the changes you are going to make. You will be much more convincing to staff members if your ideas are also supported by your superiors. You may bypass problems with coordination, controlling, etc., by informing upper management of your intentions.

2. Involve your staff members in the change. If possible, allow them to plan and assist in implementing the change. Discuss with them in advance what problems and adjustments you foresee. Listen to their concerns.

3. Provide information to staff members and those affected by the change in advance. Again, allow them to voice their concerns and really listen to what they are saying.

4. Emphasize the positive, exciting aspects of the change.

5. Try to implement the change as smoothly as possible, without disrupting established habits and practices.

6. Consider the timing when making changes. Don't make changes when your staff is under extreme pressure or making adjustments to other major changes. Be considerate of staff needs when choosing a time for change.

7. Be aware that everyone opposed to the change may not verbalize their feelings. Watch for nonverbals and body language that convey negative feelings. Those who are quiet or accepting when discussing change may turn out to be saboteurs of the change.

8. Be flexible and allow for modifications as needed. Be adaptable to circumstances.

9. Reinforce positive adaptations to change.

10. Allow enough time for the new system to become functional and for problems to smooth out.

11. Provide for followup and feedback about changes made on your unit. Get feedback from staff members, as well as, other hospital employees affected by the change.

12. Be able to recognize when a change has failed and attempt to understand why. Learn from your mistakes, don't put blame on yourself or others.

Change is inherent in any organization and is a common occurrence in health care institutions. It does not have to be a dreaded occurrence, but can be something welcomed by all staff members. The manner in which it is introduced can have a major impact on how it is accepted and how smoothly adaptations will be made. Charge nurses who are knowledgeable about the stages of change, and why problems or resistance occur, will be able to plan out effective strategies for change. With proper planning, change can meet both staff members' and organizational needs. Charge nurses should always keep their goal in mind, yet be

adaptable to the special circumstances that may arise.

Motivation on a unit doesn't have to decline as major changes are made. If a charge nurse instills her optimism about proposed changes into her staff members and gets them involved, sparks of enthusiasm and energy may travel to everyone on the unit.

Section #2 - Sample format for transparencies

Stages of Change

1. Unfreezing

2. Implementation

3. Refreezing

Causes for Resistance

1. Uncertainty

2. Threat to status quo

3. Major change

4. Political threat

5. Manner of implementation

6. Threat to self esteem

Steps to Reduce Resistance

1. Plan

2. Involve

3. Be flexible

Section #3 - Exercise and references

Exercise on change

1. You are charge nurse on a surgical unit at a medical center. Your unit will be receiving a new computerized system that will make changes in charting, labwork, and pharmacy requests. Patient charting will now be done on the computer, as well as, requests for labwork and pharmacy. Lab results will be printed out via the system also. What are some thoughts and ideas you have about instituting this system? What problems do you foresee? What type of strategy would you plan?

2. You are charge nurse on the postpartum unit. Due to a continuing decreasing census, upper management has decided to combine both the antepartum and the postpartum patients on one unit. You have been asked to be charge nurse on this unit. The charge nurse of the antepartum unit will be moving to a new position in the clinic. Staff members from each unit will combine on one unit. Previously there has been some rivalry between the two groups. Eventually some staff members may be transferred to another unit, but not until the change has been established. What would you do to make this new transition as smooth as possible? What problems do you foresee and how would you prepare for resistance?

3. You are charge nurse on the pediatric unit. Motivation is high on this unit and staff members have generally been happy. The medical center is short staffed and upper management has decided to switch over to twelve hour shifts instead of the present eight hour shifts. Your staff has heard rumors about this change for the past few months and now it has become a reality. You know your staff is extremely negative about this change. What would you do to help institute this change and keep your people motivated to perform well?

References for resistance to change

1. Lewin, K. (1952). Group decision and social change, in Swanson, G.E., Newcomb,T.M., & Hartley, E.L.,eds. Readings in Social Psychology. New York: Holt, Rinehart and Winston.

2. Robinson, V. (1977). How to initiate change in practice. Association of Operating Room Nurses Journal,26, 54-61.

3. Wiley, L. (1976). The safe way to make changes. Nursing '76, Dec. 65-68.

4. Stevens, B. (1980). The Nurse as Executive, 2nd. ed. Maryland: Aspen systems corporation.

Extrinsic and Intrinsic Rewards

Section #1 - lecture material

Lesson Plan - Extrinsic and Intrinsic Rewards

I. Objectives

The participant will be able to:

A. Explain what extrinsic rewards are and give at least two examples.

B. Describe positive reinforcement and give an example of it.

C. Differentiate between negative reinforcement, punishment, and extinction.

D. State the two laws of reinforcement and explain their importance.

E. Describe at least two different reinforcement schedules and give examples of each.

F. Explain what intrinsic rewards are and give at least two examples.

G. Explain why job design is important in relation to performance.

H. Explain the concepts involved in job enlargement.

I. Explain the concepts involved in job rotation.

J. Explain the concepts involved in job enrichment.

K. Identify and apply reinforcement techniques to the health care environment.

II. Teaching methods

Lecture - accompanied by transparencies
Group exercise on reinforcement
Group discussion

III. Content and Hours Total Hours - 1 hr. 45 min.

A. Description of extrinsic rewards 30 min.

1. Reinforcement theory
   a. origin
   b. description
2. Types of reinforcement
   a. positive
   b. negative
   c. punishment
   d. extinction
3. Laws of reinforcement
   a. contingent reinforcement
   b. immediate reinforcement
4. Reinforcement schedules 20 min.
   a. shaping
   b. continuous
   c. intermittent
      (1) fixed interval
      (2) fixed ratio
      (3) variable interval
      (4) variable ratio

B. Intrinsic rewards 30 min.
1. Description
2. Job design
   a. description of concept
   b. importance
   c. job enlargement - description and use
   d. job rotation - description and use
   e. negative and positive aspects of job enlargement and job rotation
   f. Job enrichment
      (1) description
      (2) advantages and disadvantages
      (3) application to health care systems
   g. implementation of these methods

C. Group exercise on reinforcement, followed by discussion (25 min.)

Extrinsic and Intrinsic Rewards

Out of Vroom's expectancy theory came modifications that described two separate rewards, extrinsic and intrinsic(Porter&Lawler,1968). These rewards are examples of possible work outcomes.

A. Extrinsic rewards

Extrinsic rewards are valued work outcomes that a worker receives from another person. Often, these rewards are not associated with the work itself. These rewards may come from other areas within the organization such as coworkers, supervisors, or the formal organization. For example, a worker may receive a merit increase from her supervisor. Other examples of extrinsic rewards may include: fringe benefits, promotions, professional or peer recognition, profit sharing, status symbols, or supervision.

1. Reinforcement theory

Reinforcement theory has ties to both operant conditioning and behavior modification. When B. F. Skinner used operant conditioning, he controlled behavior by manipulating its consequences. Behavior modification applies these same techniques of operant conditioning to human behavior. Basically, reinforcement theory relies on learning by reinforcement. Behavior which is either acceptable or unacceptable is reinforced so that it will continue or stop.

2. Types of reinforcement

Positive reinforcement is given to increase the likelihood that behavior will be repeated. For example, a staff nurse has been working diligently at completing Squadron Officer School by correspondence. When she completes her last chapter and passes the exam, the charge nurse offers her congratulations and verbal praise.

Negative reinforcement is also used to strengthen desired behavior. In this case, however, desired behavior is promoted by the worker trying to avoid negative consequences of his actions. An example of this is the technician who constantly leaves a "mess" in the treatment room. Staff nurses and other technicians may constantly nag him about it until he stops this behavior. His behavior is altered by the constant negative reinforcement of nagging.

Punishment is a type of reinforcement used to weaken the undesirable behavior. When a staff member displays undesirable behavior, a negative consequence results. Take for example the staff nurse who has a habit of coming in late for work. Because of this behavior she gets a verbal reprimand from her charge nurse. She knows that if she continues to be late she will receive a written reprimand or further negative action. As a result, she starts coming in to work on time.

Extinction is another method of reinforcement to reduce undesirable behavior. When using extinction, positive reinforcement is withheld for behavior that was previously acceptable. If positive reinforcement is continually withheld,

over time, the undesirable behavior will eventually disappear. For example, during staff meetings one of your staff nurses constantly "fools around", doesn't pay attention and talks to co-workers sitting next to her. As charge nurse, you counsel other staff members to stop talking and to pay attention during staff meetings. Now, when this staff nurse attempts to disrupt staff meetings, her peers ask her to be quiet or they refrain from taking part in her antics. Eventually, her negative behavior stops.

3. Laws of reinforcement

There are two major laws of reinforcement that charge nurses should understand. The first is the law of contingent reinforcement. According to this law, positive reinforcement should only be given when desireable behavior is displayed(Miller,1975). If positive rewards are given indiscriminately, when not fully deserved, they will not act as reinforcers of desired behavior.

The second law is the law of immediate reinforcement. As described in this law, rewards should be given as soon as possible after a desireable behavior is displayed. The longer you delay in delivering a reward, the less likely it will act as a positive reinforcer for desired behavior(Miller,1975).

If charge nurses attempt to use reinforcement, they should always keep these two rules in mind. Failure to modify behavior can often be traced back to failing to maintain one of these rules.

4. Reinforcement schedules

When trying to change or improve workers' behavior, charge nurses may attempt to use what is called shaping. Shaping creates new behavior by using positive reinforcement for successive approximations of the desired behavior (Schermerhorn,Hunt,& Osborn,1985). For example, if you are trying to decrease medication errors on your unit to zero per month, and in the last two months they have dropped from five to three, you would reward your staff for this improvement.

Positive reinforcement can also be given according to schedules. There are two main types of schedules used, continuous and intermittent. Continuous reinforcement involves rewarding workers each time a desired behavior occurs. Intermittent reinforcement rewards desired behavior periodically. Charge nurses may expect to see quicker results from using continuous reinforcement, but behavior rewarded through intermittent reinforcement will last longer once the reinforcement is stopped(Jablonsky & Devries, 1972).

Intermittent reinforcement can be given according to several schedules. The following are four types of schedules generally used:

1. Fixed interval - reinforcing desired behavior after a certain amount of time has passed. An example of this - monthly paycheck.

2. Fixed ratio - rewarding behavior after a certain number of behaviors have ocurred. An example of this - after attending 8 inservices you receive a day off.

3. Variable interval - rewards are given more randomly, the amount of time varies. An example of this - promotion to a higher position within your department. You know that after an average number of years you'll be promoted, but you're not certain how soon it may happen.

4. Variable ratio - rewards are given after a certain number of desired behaviors occur, but the number may vary. An example of this - verbal praise or recognition, not every behavior is praised.

It is important to remember that extrinsic rewards need to be awarded contingent upon performance. Once desired behavior is displayed, charge nurses need to decide what type of reinforcement to use. Rewards must be chosen that have value to staff members. Not all workers will value the same rewards, so individual characteristics and needs should be considered.

Charge nurses need to consider both the positive and negative aspects of reinforcement. In many ways it can be viewed as manipulative and controlling, yet others see it as a way to meet workers' needs. Research in this area has led to many critics, as well as, supporters of this technique. Charge nurses may feel that reinforcement techniques offer them a realistic approach to improving the working environment and motivation of

personnel. Those that do, need to implement reinforcement programs that will encourage workers to remain productive and satisfied with their jobs.

B. Intrinsic rewards

Extrinsic rewards and reinforcement may be very helpful to many charge nurses. However, they tend to ignore the fact that many people can be motivated by the job itself. Extrinsic rewards seem to place an emphasis on what Herzberg and Maslow would view as lower level needs. Intrinsic rewards, on the other hand, refer to higher level needs. Examples of intrinsic rewards may be: a sense of achievement, enjoyment from the job, pride, and satisfaction.

1. Job design

One way to increase intrinsic rewards for staff members is to concentrate on the job design. Job design should be important to charge nurses because it can have a significant impact on the performance of their staff members. Some factors to consider in job design are : required skills, number and diversity of activities performed, responsibility, authority, and relationships. The charge nurse needs to design jobs that will meet the needs of their workers while also meeting needs of the organization. For example, a new graduate nurse may have a need for learning clinical skills. The charge nurse in this case may have her work beside an experienced nurse, giving them a variety of cases as learning opportunities. Another nurse may really

have a problem dealing with pediatric oncology patients, so her charge nurse arranges for a transfer to a different unit.

Job enlargement and job rotation are both methods used to increase the variety of tasks in a job. Job enlargement is an attempt to redesign a job by combining tasks into one job that may have previously been assigned to more than one worker. The number and variety of skills and activities are increased to make the job less monotonous or boring to the worker. This can be a useful method if workers want more challenge and responsibility, however, workers may view this as simply "more work to do".

Job rotation involves rotating workers from task to task, increasing variety by periodically giving them different tasks to do. For example, in a clinic setting, the tasks of taking heights and weights, checking records, or answering the phone may be rotated each week to a different technician. The theory behind job rotation is that boredom and routineness can be minimized by allowing workers a change in tasks. Some managers also use this method to keep their workers skilled in several areas, so that coverage due to illness or whatever circumstance, is less difficult.

Critics of this technique feel that boredom may be relieved for a short time, but routineness will remain(Szilagyi & Wallace,1980). Proponents feel that it does relieve monotony, while also allowing workers to develop other skills and a better view of the organization as a whole.

The previous techniques of job enlargement and rotation would not be accepted by Herzberg. He would feel that adding more meaningless duties to a worker's job would not help them become motivated. Instead, he would propose job enrichment.

Job enrichment involves what is called vertical expansion of job tasks(Scanlon,1973). It concentrates on expanding job content by adding some of the planning and decision making responsibilities, normally performed by supervisors, into the job. Those items described as satisfiers in Herzberg's theory are the items brought into the job. Examples of these satisfiers are: responsibility, decision-making, accountability, growth and learning, and achievement. To illustrate how job enrichment is used, consider the following scenario. A staff nurse assigned to the obstetrics unit is bored with her job. Her charge nurse decides to enrich her job by putting her in charge of the prenatal education program. She will be responsible for implementing and evaluating the program. She will have authority to decide who will become instructors, what will be taught, and how staff members on the unit will followup the training given to parents. By giving this staff nurse this added task, the charge nurse is building into her job prospects for growth and learning, increased responsibility, achievement, decision making, and accountability. As her program succeeds her self esteem and confidence will be boosted. By increasing the intrinsic rewards this staff nurse may be capable of receiving, the charge nurse will increase her motivation to perform at her best.

Job enrichment can be an effective way to increase motivation in workers, if approached in a well thought out manner. There may be a need for increased time and money to implement this type of program. Workers cannot be given additional duties for which they are not adequately trained and prepared. Once job enrichment is implemented, there needs to be some evaluation of how well it is working. Feedback is required here, sometimes more so, than in other areas. Some workers may resist these new changes because they have become satisfied with the status quo. Careful planning and implementation will help to identify and persuade these people. If people give job enrichment a chance, they may see that it really does meet some of their higher level needs.

Whether charge nurses concentrate on improving extrinsic or intrinsic rewards, or both, they need to keep in mind their workers' needs. Increasing either of these rewards will not improve the working environment if the rewards are not valued by their staff members. Charge nurses need to look at staff members individually to develop systems of reinforcement and job design that will motivate them to higher performance.

Section #2 - Sample format for transparencies

Extrinsic Rewards

1. Fringe benefits
2. Promotions
3. Recognition
4. Profit sharing
5. Status symbols
6. Supervision

Types of Reinforcement

1. Positive

2. Negative

3. Punishment

4. Extinction

Laws of Reinforcement

1. Law of contingent reinforcement

2. Law of immediate reinforcement

Reinforcement Schedules

1. Continuous reinforcement

2. Intermittent reinforcement

   a. fixed interval

   b. fixed ratio

   c. variable interval

   d. variable ratio

Intrinsic Rewards

1. Sense of achievement

2. Enjoyment

3. Pride

4. Satisfaction

Job Design

1. Job enlargement

2. Job rotation

3. Job enrichment

Section #3 - Exercise and references

Exercise on reinforcement

The following scenarios illustrate various reinforcement techniques. Please read them, then consider the questions asked after each one.

Scenario #1

Staff nurse: Major Evans, since our staff meeting last week when you told us to watch for pharmacy errors in our unit dose system, I've picked up 3 significant errors!

Charge nurse: That's good, but I'm looking for Lt. Meyers. Have you seen her?

1. What do you think will be the result of this charge nurse's response?

2. If you were the charge nurse, what would you have said?

Scenario #2

Technician: This is so boring. All I do every day is take vital signs and change dirty diapers.

Staff nurse: Well, Airman James, once you learn all the basics you'll move onto more complex patients. Each day you'll learn a little more and pretty soon you'll be able to handle our toughest patients.

1. What type of reinforcement technique was used?

2. How do you think this technician felt before talking to the staff nurse?

3. How do you think this technician feels now after talking to the staff nurse?

Scenario #3

Staff nurse: I just finished doing the pre-op teaching for Mr. Jone's surgery tomorrow.

Charge nurse: You mean to tell me it took you a whole hour to teach just Mr. Jones?

1. How would you feel if you were this staff nurse?

2. What do you think this staff nurse will do in the future?

3. If you were the charge nurse, what would you have said?

Scenario #4

Charge nurse: Lt. Hayes, I gave you a verbal reprimand two weeks ago for being late for work, but since then you've been late 2 more times. I have no choice, but to give you a written reprimand.

1. What type of reinforcement is the charge nurse using?

2. How do you feel this lieutenant will respond in the future?

Scenario #5

Charge nurse: Capt. Shaw, you did a great job teaching that class last night. Thanks for filling in at the last minute. I'd like you to teach it every Saturday from now on.

Staff nurse: Nonverbal behavior that signifies anger.

1. What was the consequence for this staff nurse doing her job well?

2. How motivated do you think she'll be in the future when her help is needed?

Scenario #6

Charge nurse: Lt. Martin, I really appreciate all the hard work you put into the schedule the past few months. There's been a lot of requests for days off and training requirements, and you did an excellent job of coordinating everything.

1. What type of reinforcement is the charge nurse using?

2. How do you think Lt. Martin feels?

3. What do you think Lt. Martin is likely to do in the future?

References for extrinsic and intrinsic rewards

1. Jablonsky, S.F. & Devries, D.L. (1972). Operant conditioning principles extrapolated to the theory of management. Organizational Behavior and Human Performance, 7(2), 340-358.

2. Miller, K.L. (1975). Principles of Everyday Behavior Analysis. California: Brooks/Cole.

3. Porter, L.W. & Lawler III, E.E. (1968). Managerial Attitudes and Performance. Illinois: Richard D. Irwin.

4. Scanlon, B. (1973). Principles of Management and Organizational Behavior. New York: John Wiley & Sons, Inc.

5. Schermerhorn, J.R., Hunt, J.G., & Osborn, R.N. (1985). Managing Organizational Behavior,2nd ed. New York: John Wiley & Sons, Inc.

6. Szilagyi, A.D. & Wallace, M.J. (1980). Organizational Behavior and Performance, 2nd ed. California: Goodyear publishing company, Inc.

Teams and Teambuilding

Section #1 - lecture material

Lesson Plan - Teams and Team Building

I. Objectives

The participant will be able to:

A. Identify and explain the stages a team goes through when it is formed.

B. Differentiate between task and maintenance roles.

C. State at least two examples of a task activity and explain what the activities involve.

D. State at least two examples of a maintenance activity and explain what the activities involve.

E. Explain what group norms are and why they are important.

F. Discuss the positive and negative effects cohesion may have on team performance.

G. Identify at least two ways a charge nurse can assist a team in developing cohesiveness.

H. Explain the concept of groupthink and its importance to team functioning.

I. Discuss the steps involved in team building that decrease or prevent problems from occuring.

J. Apply concepts learned in this section to actual work situations.

II. Teaching methods

Lecture - accompanied by transparencies
Group discussion
Group exercise on application of team building to actual work situations.

III. Content and Hours Total Hours - 2 hrs. 10 min.

A. Introduction 5 min.
B. Stages of a team 10 min.
 1. Undeveloped team
 2. Experimenting team
 3. Consolidating team
 4. Mature team
 5. Movement from one stage to another
C. Member roles 10 min.
 1. Task roles - explanation
  a. seeking information
  b. giving information
  c. initiating
  d. clarifying
  e. summarizing
 2. Maintenance roles - explanation 10 min.
  a. harmonizing
  b. encouraging
  c. following
  d. setting standards
  e. gate keeping
 3. Importance of both task and maintenance activities
D. Norms, cohesion and groupthink
 1. Norms 20 min.
  a. definition
  b. positive and negative effects on a team
  c. methods a charge nurse can use to build positive norms
  d. conformity to norms
 2. Cohesiveness 15 min.
  a. cohesion's effect on performance
  b. ways in which charge nurses can increase cohesion
 3. Groupthink 5 - 10 min.
  a. description
  b. ways to avoid groupthink
E. Team building 10 min.
 1. Steps involved
  a. identify problem
  b. gather data
  c. analyze data
  d. plans for action
  e. implementation of plan
  f. evaluate effectiveness
F. Group exercise on teams 25 min.
 1. groups of 3-4 people
 2. Discuss one team decided upon by the group - identify stage it is in, member roles, problems, plans for action.

Teams and Team building

Within the health care environment many multitudes of teams exist. Not only are there individual teams on patient care units, but also interdisciplinary teams throughout the hospital. Staff members of various professions may come together, bringing skills and expertise, to offer the best care possible to patients. There may be purely professional teams or mixed teams of lay people and hospital employees. One important team to remember is the patient unit team. This team consists of the patient, his family, and various hospital employees involved in his care.

The critical issue regarding teams is not so much who is part of the team, but how the team works together to meet needs and accomplish goals. Team building is the process of improving the functioning of teams and may involve improvements in many areas such as, relationships or communication.

Before attempting to improve group functioning, charge nurses need to understand group development and problems and occurrences that are common to groups. With this information, they may be able to foresee the kinds of behavior likely to occur and understand why groups behave in different ways.

A. Stages of a team

There are several stages a team goes through from early formation to maturity. Researchers have various names for these

stages, but they basically all agree on what occurs at each stage. Woodcock(1979) has divided team development into four stages.

The first stage is labelled the undeveloped team. This is where people get together to complete a task, but aren't really sure how to get their work accomplished, who should do what tasks, and who can be trusted. There may be a lot of talking at this stage, but very little active listening. People conform to what is expected of them, there is little "rocking of the boat", and feelings and emotions are not discussed openly. If there is an elected leader, this person often makes decisions for the group and group members won't challenge his decisions. During this stage, people try to discover what is considered acceptable behavior. Group rules and norms may be established during this time.

The second stage that Woodcock describes, is the experimenting team. The group at this point decides that it wants to improve its performance and is now more willing to take risks and experiment. To make improvements, team members will now look at their activities and operating methods. People are also more willing to discuss their feelings and other group members are more accepting of opinions that are different from their own. Active listening in this stage leads to better understanding among team members. This stage is also risky since personal values and beliefs may be debated and security may be jeopardized. There may be periods of hostility, with cliques and

subgroups forming until understanding is reached. Eventually the group finds ways to accomplish group goals while also satisfying individual needs. This team becomes more open and will become more effective, yet it still has some maturing to do.

The consolidating team is the third stage of development. During this stage, the team becomes more effective by adopting a more systematic approach to problem solving. In the previous stage, relationship issues are dealt with and now group members are more trusting and accepting of each other. Concentration is now placed on the operating rules and procedures.

In the final stage, the mature team is an organized, well functioning group. Improved relationships and a systematic approach lead the team to increased effectiveness. Each person's skills and talents are now used and the group feels a sense of pride in its accomplishments. The group can now deal with complex tasks, and disagreements are handled in creative ways. Development becomes a priority since group members realize the continued success of the group is dependent on continued development. Team members are genuinely happy to be part of the team and group cohesion is strong.

Although most teams experience the stages discussed, they will each have their own individual paths of development with unique problems and situations arising. Teams will differ in the length of time spent in each stage and will move back and forth from one stage to another. In health care organizations, teams are constantly changing and may have to revert back to previous

stages of development. This is especially true when looking at teams in the military, due to reassignments and moving of personnel, teams may be in a constant state of flux.

Charge nurses need to identify the teams important to their units and become aware of how they are progressing in their development. When changes do occur, they should expect some readjustment and possible setbacks, but if improvements don't occur, intervention may be necessary. Not only do changes occur within stages of development, but there may also be changes in the roles that members take on within the group.

B. Member roles

Members of a team may occupy several roles. A role may be defined as the contribution expected of a person occupying a particular position in a group. There have been two major types of roles identified by researchers, that are essential, if groups are to remain effective over time(Bales,1958).

The first type of role is the task role. Team members who occupy this role focus on task accomplishment and meeting group goals. The following are examples of task roles that group members may fulfill:

1. Seeking information from others within the group.
2. Giving information to group members.
3. Initiating - offering ideas or suggestions.
4. Clarifying - clarifying relations between ideas,etc.

5. Summarizing - summarizing group decisions, raising questions about suggestions made. (Schermerhorn, Hunt, & Osborn, 1985).

The maintenance role involves activities to strengthen the team as a social group. Activities within this role help to improve members' satisfaction with the group and also improve interpersonal relationships. Some examples of these maintenance activities are:

1. Harmonizing - reconciling differences, offering compromises.
2. Encouraging - accepting others' ideas, praising.
3. Following - going along with group decisions.
4. Setting standards - for the group to achieve or to use.
5. Gate-keeping - helping all members to participate, keeping some members from dominating. (Schermerhorn, Hunt, & Osborn, 1985)

Both task and maintenance activities are required if groups are to remain effective over time. Some individuals will fall into these roles easily and may occupy the same role in every group they are a member of. Other group members will fulfill different roles in different groups. The responsibility for these activities should be shared by all group members. Charge nurses need to be aware of group dynamics and who is filling what roles. They need to recognize when these activities aren't being performed and who could fill these roles. The emphasis of each of these roles may vary among groups. Some groups may need more emphasis on maintenance activities, especially if you have a broad mix of professionals or people with very different

backgrounds. Emphasis on these roles may also vary depending on the stage a group is at. The charge nurse or leader of the team, needs to identify the proper mix of task and maintenance activities needed by a group to achieve effectiveness.

C. Norms, Cohesion, and Groupthink

Norms may be defined as the rules or standards of behavior established and accepted by members of a group. They provide boundaries for behavior of group members so that groups will meet their goals. There may be a variety of norms within a group ranging from issues such as attendance at meetings, to balancing task work and interpersonal relationships.

Norms can have both positive and negative effects on team functioning. If norms are positive and group cohesion is strong, they may lead to high levels of performance. If, however, norms are negative and cohesion is strong, they can inhibit group effectiveness. For example, the norm of attending all group meetings is a positive one leading to accomplishment of group assignments. However, if the group adopts a negative norm of "fooling around" and allowing idle chatter during meetings, accomplishment of goals may decrease as effective communication decreases.

Charge nurses can help build positive norms by acting as role models to team members. They may also use reinforcement techniques to reward desired behavior. When forming new teams, charge nurses can also select or recruit new members that already

display desired behavior, thereby offering other role models. Once new members are selected, proper training and orientation will help maintain these behaviors. Providing feedback to the group on a regular basis will also help members to evaluate how norms are affecting group functioning.

Norms allow group members to predict one another's behavior and they provide a means to organize the group. When norms are violated, other group members may often apply pressure to conform. If the individual continues to violate group norms, punishment may occur. This may be in the form of avoidance or even expulsion from the group. Conformity to norms may be a requirement for continued membership in the group - this point is important for charge nurses to remember. If negative norms are accepted by the group, selecting a new member to the group who is opposed to these norms may result in conflict. This new member may be ostracized from the group. The charge nurse needs to work on changing behavior and norms in the present group before introducing new members with very different views.

Conformity to norms may be influenced by the level of group cohesiveness. Members of a highly cohesive group are concerned with their group's effectiveness and will conform to norms more readily than persons in a less cohesive team. Members of cohesive groups are usually more energetic, enthusiastic and loyal to their group. It appears that cohesive groups are good for the individuals within the group, but how effective are they in meeting organizational goals? To answer this question you

need to look at their performance norms. If these norms are positive, then cohesion will have a positive effect in meeting goals. If these norms are negative however, cohesion will be detrimental to performance. If a group's performance norm is to get the job done as quickly as possible and as easily as possible, then the output may not be of high quality. Strong cohesion in this case would not improve performance, but would only enforce this mediocre behavior.

Charge nurses may need to increase or decrease cohesiveness of a group to improve effectiveness. If positive norms are instituted early in group development, the charge nurse can concentrate on developing group cohesiveness. There are several factors that help to improve cohesiveness and the following are a sample of these:

1. Assisting group members to agree on goals.
2. Recognizing group accomplishments, rewarding the group rather than individuals.
3. Allowing group members to interact frequently with each other.
4. Teaching group members about group development and roles within groups.
5. Decrease group size, if possible.
6. Introduce competition with other groups.

Although highly cohesive groups can be very productive, they can also fall prey to a problem called group think. This occurs when members conform to group decisions to avoid disagreement,

although they may have reservations about these decisions. They may not express what they really feel because of pressures from the group. Psychologist Irving Janis(1971) considers group cohesion to be a major factor in groupthink. According to Janis(1971), the more esprit de corps and friendliness among group members, the greater the danger that independent critical thinking will be replaced by groupthink.

As a charge nurse, it is important to recognize when groupthink is occurring and be able to act on it. Janis(1982) makes several suggestions to avoid the negative consequences of groupthink:

1. Assign each member of the group the task of critical evaluator.
2. As charge nurse, avoid being partial to one course of action.
3. Have group members discuss issues with subordinates and peers and bring back feedback on their opinions and views.
4. Invite outsiders with expertise to observe group activities and to give suggestions.
5. Hold meetings again, after a consensus is reached on an issue, to see if this is truly what everyone agrees is the best solution.

Groupthink may never occur in the teams charge nurses work with, but there is the possibility, particularly if they are very cohesive teams. Charge nurses who are aware of the possibility of groupthink emerging, will be able to catch it at its earliest occurrence. By encouraging group members to openly discuss their

ideas, suggestions, and reservations about issues, charge nurses may be able to prevent groupthink from taking hold of the group's decision making.

Within the health care field, charge nurses are members of many teams. Membership on these teams may be voluntary or required as specified by her position. Each team will have its own specific functions and goals, and with them its own particular problems. Even the most mature teams are likely to experience problems over time. Team building can help to decrease problems or prevent them from even occurring.

The first step in team building is to identify the problem or problems that exist. The charge nurse may be fully aware of these problems or they may be brought to her attention by team members.

Once the problem is identified, data needs to be gathered about the problem so that it can be fully diagnosed. The charge nurse may obtain data through a variety of methods such as group meetings, questionnaires, personal interviews, or written comments. Getting team members involved in gathering and analyzing data may help them understand why a problem is occurring. Plans should then be made by the team as a whole, to implement some type of corrective action. As charge nurse, you may be a leader of a team and should guide and encourage members to participate in this planning.

Once action is taken, it needs to be evaluated for effectiveness. It is at this time that alterations may need to

be made or new problems may be identified. In many instances, solutions to major problems may be solved, but minor problems will still be present.

This approach to team building can be implemented by anyone involved in team work, not just the charge nurse. It is best to approach problems as they arise, ignoring them will only decrease team effectiveness and lead to further problems. By using a systematic method when dealing with problems, team members will be able to get at the root of the problem, to find realistic and effective solutions.

Section #2 - Sample format for transparencies

Stages of a team

1. Undeveloped team

2. Experimenting team

3. Consolidating team

4. Mature team

Member Roles

1. Task

2. Maintenance

Task Activities

1. Seeking information

2. Giving information

3. Initiating

4. Clarifying

5. Summarizing

Maintenance Activities

1. Harmonizing

2. Encouraging

3. Following

4. Setting standards

5. Gate keeping

Norms and Cohesion

Positive norms + High cohesion = High performance

Negative norms + High cohesion = Low performance

Team Building

1. Identify problem

2. Gather data

3. Analyze data

4. Plan for corrective action

5. Evaluate corrective action

6. Make alterations if needed

Section #3 - references

References for teams and team building

1. Bales, R.F. (1958). Task roles and social roles in problem solving groups. In Eleanor E. Macoby, Theodore M. Newcomb, & E.L. Hartley, eds., Readings in Social Psychology. New York: Holt, Rinehart & Winston.

2. Janis, I.L. (1971). Groupthink. Psychology Today. 43-46, 74-76.

3. Janis, I.L. (1982). Groupthink. Boston: Houghton Mifflin.

4. Schermerhorn, J.R., Hunt, J.G. & Osborn, R.N. (1985). Managing Organizational Behavior, 2nd ed. New York: John Wiley & Sons, Inc.

5. Woodcock, M. (1979). Team Development Manual. Great Britain: Gower Press.

Conclusion

This seminar has only been an introduction to the complex issue of motivation. The basic theories and concepts presented, are an attempt to familiarize you with motivation and the many areas it encompasses. Only the individual knows if he is performing to his full potential, but understanding the factors that may play on this performance, will help charge nurses to foster a favorable climate for motivation.

Knowledge about motivation theories and their application to the health care environment enable charge nurses to understand why their staff members, and other members of the health care team, act as they do. Leadership theories provide charge nurses a foundation from which to base their practices and beliefs. Leadership practices may be based on personal beliefs about motivation, but may also be based on beliefs about leadership issues such as power, authority, or human character.

Motivation is not something that can be forced on workers, so charge nurses need to become skilled at creating a climate that enhances it. Knowledge of theories does nothing to encourage motivation without instituting practices which support it in the work environment. Charge nurses may become skilled in one area to improve motivation, but if other areas are ignored, motivation will still be lacking. The eight individual sessions presented in this seminar cover some of the most important areas relating to motivation. All areas within the environment need to be looked at carefully, just as all staff members need to be

recognized individually. Each person will have their own particular needs and wants, and charge nurses need to identify these factors if they wish to foster motivation in their workers. Charge nurses also need to recognize when their own motivation is lacking and what effect this is having on their staff members.

It is difficult even under the best circumstances to keep workers motivated, but is especially difficult in the complex environment of military health care. As more and more nurses and technicians leave the Air Force, looking for better working conditions, charge nurses are under increasing pressure to improve their working environment. Hopefully, those that have the knowledge and ability to make needed changes, will step forward to make improvements, and in the process, pass on to their successors some of their wisdom and expertise.

Overall Evaluation of Seminar

Please rate on a scale from 1 to 5, how comfortable you would feel in meeting the following objectives. Circle one number for each statement.

Objective	low 1	2	3	4	high 5
1. Explaining at least three leadership theories.	1	2	3	4	5
2. Using Vroom and Yetton's decision making model to solve a problem at work.	1	2	3	4	5
3. Describing the styles of leadership and their advantages and disadvantages.	1	2	3	4	5
4. Discuss how self esteem is related to motivation.	1	2	3	4	5
5. Identify ways in which charge nurses can build self esteem in their workers.	1	2	3	4	5
6. Identify and explain characteristics of effective goals.	1	2	3	4	5
7. Discuss the concepts involved in management by objectives.	1	2	3	4	5
8. Differentiate between poor feedback and effective feedback.	1	2	3	4	5
9. Explain at least three factors that may be helpful to consider when giving positive feedback.	1	2	3	4	5
10. Decide when to give constructive feedback and how to give it.	1	2	3	4	5
11. Recognize formal communication from informal communication.	1	2	3	4	5
12. State at least three forms of nonverbal communication.	1	2	3	4	5
13. Identify components of attending skills.	1	2	3	4	5

Objective	low 1	2	3	4	high 5
14. Give at least two examples of minimal encourages.	1	2	3	4	5
15. Identify the three stages of the change process.	1	2	3	4	5
16. Identify at least three causes for resistance to change.	1	2	3	4	5
17. Identify at least five steps that can be used to reduce resistance to change.	1	2	3	4	5
18. Differentiate between extrinsic and intrinsic rewards.	1	2	3	4	5
19. State the two laws of reinforcement.	1	2	3	4	5
20. Give examples of at least two types of reinforcement.	1	2	3	4	5
21. Explain why job design is important in relation to performance.	1	2	3	4	5
22. Explain the concepts involved in job enrichment.	1	2	3	4	5
23. Explain the stages a team goes through when it is formed.	1	2	3	4	5
24. Explain the difference between task and maintenance roles.	1	2	3	4	5
25. Discuss the positive and negative effects cohesion may have on team performance.	1	2	3	4	5
26. Explain the concept of group-think and its importance to team functioning.	1	2	3	4	5
27. Discuss the steps involved in team building that may decrease or prevent problems from occuring.	1	2	3	4	5

Please answer the following questions also:

1. Were your personal objectives met by attending this seminar?
Yes_____ No_____ If no, please explain.

2. Was sufficient time allotted for each session?
Adequate_____ Too short_____ Too long_____

3. Did the speaker allow ample time for answering questions and clarifying material? Yes_____ No_____

4. What did you like most about this seminar? Please explain why.

5. What did you like least about this seminar? Please explain why.

6. Please indicate what benefits you received from participating in this seminar.

New knowledge_____ New skills_____

Sharing thoughts and ideas_____ Change in attitude_____

other_____

7. Additional comments: